

# **EXHIBIT D-1**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
RUBY FREEMAN and WANDREA' MOSS

Plaintiffs,

-against-

RUDOLPH W. GIULIANI

Defendant.  
-----X

No. 24-cv-6563(LJL)

No. 24-mc-353(LJL)

Defendant's response to Plaintiffs'  
First Set of Document Requests

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, Defendant submits the following responses to Plaintiffs' First Set of Document Requests:

The following responses are believed to be true, correct and complete as of the date of these responses. Defendant reserves the right to amend or supplement his responses if it is found that inadvertent omissions have been made, or if information is discovered at a later date.

### **GENERAL OBJECTIONS**

The following General Objections apply to every paragraph of Plaintiffs' Response to Defendant's Notice to Produce:

1. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests that calls for privileged information, including, without limitation, information protected by the attorney-client privilege.

2. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests that calls for information prepared in anticipation of litigation or for trial absent a showing of substantial need by Plaintiffs.

3. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests that calls for production of any information containing or reflecting the mental

impressions, conclusions, opinions and/or legal theories of any attorney for Defendant, on the grounds that such information is protected by the attorney work product doctrine.

4. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests that is overly broad, unduly burdensome, harassing, duplicative or which requests documents which are already in the possession of Plaintiffs.

5. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests that calls for information which is neither relevant to the subject matter of the pending action nor reasonably calculated to lead to the discovery of admissible evidence in connection with the pending action.

6. Defendant objects to every demand contained in Plaintiffs' First Set of Document Requests and to every introductory "definition" or "instruction", that seeks to impose obligations beyond those required by the Federal Rules of Civil Procedure, as reasonably interpreted and supplemented by local court rules.

**RESPONSES AND/OR OBJECTIONS TO  
PLAINTIFFS' FIRST SET OF DOCUMENT REQUESTS**

**DOCUMENT REQUEST NO. 1:**

All Documents and Communications relating to any Homestead Tax Exemptions or credits in connection with the Palm Beach Condo, the New York Co-op, or any other real estate You own.

**RESPONSE:** See Exhibits "1" through "16".

**DOCUMENT REQUEST NO. 2:**

All Documents and Communications relating to Your travel and lodging, including all Communications relating to those subjects with Maria Ryan, Ted Goodman, Vanessa Fenderson, Michael Ragusa, Ryan Medrano, or anyone who has coordinated, booked, or handled travel and related logistics for You, for the period beginning January 1, 2020 through the present.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to Defendant's travel and lodging, except that Communications were oral between Defendant and Maria Ryan who handled Defendant's travel and lodging reservations from approximately June 2021 to date. Defendant is not in possession of any Documents or Communications with Ted Goodman, Vanessa Fenderson, Michael Ragusa, Ryan Medrano, or anyone who has coordinated, booked, or handled travel and related logistics for Defendant for the period beginning January 1, 2020 through the present.

**DOCUMENT REQUEST NO. 3:**

All credit card statements, charges, reimbursements, itineraries, and tickets, relating to airline travel, train travel, car rental, and hotel stays for travel between January 1, 2020 and the present.

**RESPONSE:** Defendant is not in possession of any credit card statements, charges, reimbursements, itineraries, and tickets, relating to airline travel, train travel, car rental, and hotel stays for travel between January 1, 2020 and the present, because all or the majority of travel is paid by the party inviting Defendant to speak or meet for business purposes, other than the American Express bills annexed hereto as Exhibit "17".

**DOCUMENT REQUEST NO. 4:**

All physical or electronic calendars or schedules kept by You or on Your behalf between January 1, 2020 and the present.

**RESPONSE:** Defendant does not maintain a schedule or calendar. Assistants to Defendant keeps a schedule of Defendant's schedule by writing notes of future appearances such as those included in Exhibit "18". After the date of appearances, Assistants to Defendant discards such notes.

**DOCUMENT REQUEST NO. 5:**

All Documents and Communications relating to any driver's license and any other government-issued licenses or permits You have held since January 1, 2024.

**RESPONSE:** The only driver's license and any other government-issued licenses or permits that Defendant has maintained was obtained by Defendant on February 22, 2024 (Exhibit "11"). Defendant formerly had a drivers license issued in the State of New York which expired in or about 2022.



**DOCUMENT REQUEST NO. 6:**

Documents sufficient to show all addresses listed on any statements for Your bank accounts, credit cards, safe deposit boxes, brokerage accounts, cable service, internet service, phone service, and cell phone service from January 1, 2020 to the present.

**RESPONSE:** Defendant is not in possession of any documents sufficient to show all addresses listed on any statements for Defendant's bank accounts, credit cards, safe deposit boxes, brokerage accounts, cable service, internet service, phone service, and cell phone service from January 1, 2020 to the present, other than set forth in **Exhibit "19"**.

**DOCUMENT REQUEST NO. 7:**

Documents sufficient to show all addresses on record with any state or federal tax authority, the U.S. Social Security Administration, the U.S. Department of State, the United States Postal Service (including any temporary or permanent mail forwarding requests), and any other state or federal agency, including any changes made to such addresses between January 1, 2020 and the present.

**RESPONSE:** See Exhibit "14".

**DOCUMENT REQUEST NO. 8:**

Documents sufficient to show the address listed on all monthly statements, invoices, or notices for Your Medicare coverage, Social Security, health insurance coverage, and life insurance coverage from January 1, 2020 through the present.

**RESPONSE:** Defendant is not in possession of any documents to show the address listed on all monthly statements, invoices, or notices for Your Medicare coverage, Social Security, health insurance coverage, and life insurance coverage from January 1, 2020 through the present other than as set forth in Exhibit "14".

**DOCUMENT REQUEST NO. 9:**

All statements, invoices, order confirmations, renewal notices for all magazine and newspapers delivered to You at any location between January 1, 2024 and the present.

**RESPONSE:** Defendant is not in possession of any statements, invoices, order confirmations, renewal notices for all magazine and newspapers delivered to You at any location between January 1, 2024 and the present.

**DOCUMENT REQUEST NO. 10:**

Documents sufficient to show the delivery address for all medical prescriptions or dietary supplements delivered to You at any address between January 1, 2024 and the present.

**RESPONSE:** Defendant is not in possession of any documents to show the delivery address for all medical prescriptions or dietary supplements delivered to You at any address between January 1, 2024 and the present.

**DOCUMENT REQUEST NO. 11:**

All Documents and Communications relating to Your use, transportation, maintenance, storage, registration, and insurance of any automobile owned by You.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to Your use, transportation, maintenance, storage, registration, and insurance of any automobile owned by You other than see Exhibit “12”.

**DOCUMENT REQUEST NO. 12:**

All Documents and Communications relating to selling or renting the Palm Beach Condo.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to selling or renting the Palm Beach Condo, as Defendant did not offer the Palm Beach Condo for sale or rent.

**DOCUMENT REQUEST NO. 13:**

All Documents and Communications relating to Your intentions to maintain or establish a permanent residence at any location.

**RESPONSE:** See Exhibits 1 through “16”.

**DOCUMENT REQUEST NO. 14:**

All Documents and Communications relating to the nature of Your use and occupancy of the Palm Beach Condo as a permanent home or a vacation/second home.

**RESPONSE:** All Documents and Communications relating to the nature of Defendant’s use and occupancy of the Palm Beach Condo as a permanent home is set forth in Exhibits 1 through “16”. Prior to January 1, 2024, Defendant used the Palm Beach Condo as a vacation home.

**DOCUMENT REQUEST NO. 15:**

All Documents and Communications relating to the purposes of, and travel and lodging arrangements for Your time spent in New York, New Hampshire, Wisconsin, Illinois, Texas, France, and England, between February 7, 2024 and August 8, 2024.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to the purposes of, and travel and lodging arrangements for Defendant's time spent in New York, New Hampshire, Wisconsin, Illinois, Texas, France, and England, between February 7, 2024 and August 8, 2024.

**DOCUMENT REQUEST NO. 16:**

Documents showing all expenses and reimbursements for or advancements of expenses incurred for travel, lodging, food, and leisure while You were in New York, New Hampshire, Wisconsin, Illinois, Texas, France, and England, between February 7, 2024 and August 8, 2024.

**RESPONSE:** Defendant is not in possession of any Documents showing all expenses and reimbursements for or advancements of expenses incurred for travel, lodging, food, and leisure while Defendant was in New York, New Hampshire, Wisconsin, Illinois, Texas, France, and England, between February 7, 2024 and August 8, 2024 other than as set forth in Exhibit "17". Because third parties who hired Defendant or Defendant's company Giuliani Communications LLC or Giuliani Partners LLC paid for travel, lodging, food, and leisure, Defendant is not in possession of such documents.

**DOCUMENT REQUEST NO. 17:**

Documents and Communications sufficient to show the location of Your passport, birth certificate, will, trust documents, divorce records, personal and family heirlooms, and sports memorabilia at all times from January 1, 2020 through the present.

**RESPONSE:** Defendant is not in possession of any Documents and Communications to show the location of Defendant's passport, birth certificate, will, trust documents, divorce records, personal and family heirlooms, and sports memorabilia at all times from January 1, 2020 through the present.

**DOCUMENT REQUEST NO. 18:**

All Documents and Communications relating to updating or changing Your address with any person, business, government entity, subscription service, or other contact.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to updating or changing Defendant's address with any person, business, government entity, subscription service, or other contact.

**DOCUMENT REQUEST NO. 19:**

Documents sufficient to show the names, affiliations, and office addresses of all medical, financial, and legal professionals You have consulted between January 1, 2020 and the present.

**RESPONSE:** Defendant objects to this demand, as any medical professional, financial professional or legal professional that Defendant consulted with would be information that is not relevant to the claims of Plaintiffs, nor proportional to the needs of the case for the issue in this case which is a narrow issue: (i) whether Defendant was a permanent resident and citizen of the State of Florida pursuant to the Constitution of the State of Florida, (ii) whether condominium unit #5-D located at 315 S. Lake Drive, Palm Beach, Florida (the "Condominium Unit") was and is and on what date it was the true, fixed, and permanent home and principal establishment of Defendant, and whether such occurred prior to August 5, 2024, and (iii) whether the Condominium Unit was Defendant's the true, fixed, and permanent home and principal establishment prior to August 5, 2024. Defendant did in fact reside in the State of Florida prior to August 5, 2024 in the Condominium Unit as his true, fixed, and permanent home and principal establishment, which is the date of relevance for the claims made in this action against Defendant. The further issue in this case is whether Defendant is and was entitled to homestead protection in the State of Florida under the Florida Constitution which is to be determined by Circuit Courts of the State of Florida, and not by a Federal Court in New York. Under the required criteria for claiming a homestead in the State of Florida, Defendant was protected by the homestead laws in the State of Florida prior to August 5, 2024. There is no relevance to this request for the period prior to January 1, 2024, as Defendant listed his cooperative apartment in New York on or about July 19, 2023 when he decided that he would be selling his cooperative apartment in New York and moving to the Florida Condominium Unit as his true, fixed, and permanent home and principal establishment and residence which he did prior to August 5, 2024, as Defendant had maintained a physical presence in his Florida Condominium Unit with the intent to remain there indefinitely.

**DOCUMENT REQUEST NO. 20:**

Documents or Communications sufficient to show where You have spent the months of May through August for the years between 2002 and 2023.

**RESPONSE:** Defendant is not in possession of any Documents or Communications sufficient to show where Defendant had spent the months of May through August for the years between 2002 and 2023.

**DOCUMENT REQUEST NO. 21:**

Documents sufficient to show the address where any paychecks or payments to You or Your Businesses were mailed prior to August 9, 2024.

**RESPONSE:** None. As to the best of Defendant's knowledge, paychecks and payments to Defendant and to Defendant's businesses payments were made via wire and not via US mail.

**DOCUMENT REQUEST NO. 22:**

All Documents and Communications on which You intend to rely to support Your contention that You established a homestead at the Palm Beach Condo within the meaning of article X, section 4 of the Florida Constitution.

**RESPONSE:** Defendant intends to rely on documents including but not limited to the following to support Defendant's claim that Defendant established a homestead at the Palm Beach Condo within the meaning of article X, section 4 of the Florida Constitution:

(a) Deed dated February 11, 2010 in the name of Rudolph W. Giuliani and Judith S. Giuliani for the real property located at and known as Condominium Unit 5D, 315 S. Lake Drive, Palm Beach, Florida (**Exhibit "1"**);

(b) Deed dated January 14, 2020 in the name of Rudolph W. Giuliani for the real property located at and known as Condominium Unit 5D, 315 S. Lake Drive, Palm Beach, Florida (**Exhibit "2"**);

(c) Exclusive Right to Sell – Cooperative Agreement between Rudolph W. Giuliani and Sotheby's International Realty dated July 12, 2023 (**Exhibit "3"**);

(d) Invoice #416642 from Corporate Transfer & Storage Inc. dated October 16, 2024 (**Exhibit "4"**);

(e) Application for Homestead and Related Tax Exemption (**Exhibit "5"**);

(f) Notice of Proposed Property Taxes and Proposed or Adopted Non-Ad Valorem Assessments (**Exhibit "6"**);

(g) Real Estate Tax Bill from the Palm Beach County Tax Assessor / Collector (**Exhibit "7"**);

(h) Declaration of Domicile filed in the Office of the Palm Beach County Clerk on

July 15, 2024 (**Exhibit “8”**);

(i) New York State Department of Taxation and Finance confirmation of no Star Credit (**Exhibit “9”**);

(i) New York Department of Finance confirmation of no Cooperative Condominium Abatement (**Exhibit “10”**);

(i) Florida driver’s license of Rudolph W. Giuliani dated February 22, 2024 (**Exhibit “11”**);

(j) Vehicle tag for 1980 Mercedes which bore Florida tag JA3414 (**Exhibit “12”**);

(k) Voter registration in the State of Florida – voter registration number 132378699 dated May 17, 2024 (**Exhibit “13”**);

(l) Federal Income Tax Return for 2023 Redacted (**Exhibit “14”**);

(m) Calendar noting Defendants’ presence inside and outside the State of Florida in 2024 (**Exhibit “15”**);

(n) Photographs (**Exhibit “16”**);

Defendant reserves the right to amend this response in the event that Defendant becomes aware of any additional documents responsive to this demand.

**DOCUMENT REQUEST NO. 23:**

All Documents and Communications referenced directly or indirectly and/or on which You relied when answering Plaintiffs’ Requests for Admissions and Interrogatories.

**RESPONSE:** Exhibits “1” to “19” attached hereto.

**DOCUMENT REQUEST NO. 24:**

All Documents and Communications referenced directly or indirectly and/or on which You relied to file Your Declaration, Rule 56.1 Statement, and/or Declaration of Domicile.

**RESPONSE:** To the best of Defendant’s knowledge, all Documents and Communications referenced directly or indirectly and/or on which Defendant relied upon to file Your Declaration, Rule 56.1 Statement, and/or Declaration of Domicile are included within Defendant Exhibits “1” to “19” attached hereto.

**DOCUMENT REQUEST NO. 25:**

All Documents and Communications relating to Your preservation of relevant evidence in this action.

**RESPONSE:** Defendant is not in possession of any Documents and Communications relating to Defendant’s preservation of relevant evidence in this action.

Dated: December 7, 2024  
Staten Island, New York

//s Joseph Cammarata

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Joseph M. Cammarata, Esq.  
Cammarata & De Meyer, P.C.  
456 Arlene Street  
Staten Island, New York 10314  
Telephone: 718-477-0020  
Email: joe@cdlawpc.com

**EXHIBIT “1”**



This instrument prepared by and  
should be returned to (W/C #42):  
Laurie L. Gildan, Esq.  
Greenberg Traurig, P.A.  
777 S. Flagler Drive, Suite 300E  
West Palm Beach, Florida 33401

CFN 20100054908  
OR BK 23690 PG 0091  
RECORDED 02/11/2010 10:05:14  
Palm Beach County, Florida  
AKT 1,400,000.00  
Doc Stamp 9,800.00  
Sharon R. Bock, CLERK & COMPTROLLER  
Pgs 0091 - 94; (4pgs)

Parcel I.D. No.: 50-43-43-22-17-000-0310

### WARRANTY DEED

**THIS WARRANTY DEED** is made this 11<sup>th</sup> day of February, 2010, by Lawrence E. Larson, as Trustee of The Restated Declaration of Trust dated February 23, 2000, of the Jean Daniels Cluett Declaration of Trust dated January 25, 1991, with full power and authority to protect, conserve and to sell, lease or encumber or otherwise manage and dispose of real property described in this deed, pursuant to Section 689.071, Florida Statutes (hereinafter called the "Grantor") whose mailing address is 153 Mason Street, Greenwich, CT 06830, to Rudolph W. Giuliani and Judith S. Giuliani, husband and wife (hereinafter called the "Grantee"), whose mailing address is 315 South Lake Drive, Apt. 5-D, Palm Beach, Florida 33480.

### WITNESSETH:

Grantor, in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable considerations paid by Grantee, the receipt and sufficiency of which are hereby acknowledged, has granted, bargained and sold, and by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Palm Beach County, Florida, to-wit:

Apartment No. 5-D, THE SOUTHLAKE, a condominium, according to the Declaration of Condominium thereof, recorded in Official Records Book 1542, Page 94, and amendments thereto, of the Public Records of Palm Beach County, Florida; together with an undivided interest in the common elements appurtenant thereto as set forth in said Declaration of Condominium.

This conveyance is subject to: restrictions, reservations, easements, covenants and limitations of record; zoning and/or other restrictions imposed by governmental authorities, and subject to the covenants, conditions, liens, terms and other provisions set forth in the Declaration of Condominium described above and all

Each of the representations, covenants, or warranties made by the Grantor herein are not made or intended as personal representations, covenants, or warranties of the Grantor, but are made and intended for the purpose of binding the trust property. This instrument is executed and delivered by Grantor not in his own right, but solely in the exercise of the powers conferred upon him as Trustee. No personal liability is assumed by, nor shall at any time be asserted or enforceable against, the Grantor or any of the beneficiaries under the Trust Agreement, on account of this instrument or on account of any representation, covenant, or warranty of the Grantor in this instrument.

**TO HAVE AND TO HOLD** the same, together with all hereditaments, easements, and appurtenances pertaining to or benefiting the same, unto Grantee, and Grantee's heirs, successors and assigns in fee simple forever.

Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

[SIGNATURE ON FOLLOWING PAGE]

IN WITNESS WHEREOF, Grantor has executed this Warranty Deed as of the day and year first above written.

Signed, sealed and delivered  
in the presence of:

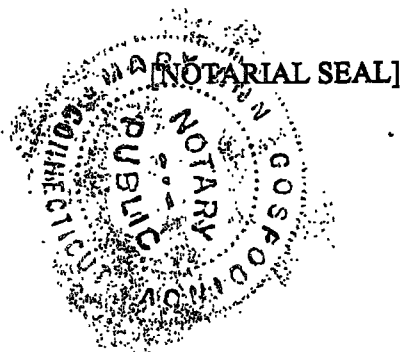
Sign: [Signature]  
Print: OVI ROSARIO

Lawrence E. Larson Trustee  
Lawrence E. Larson, as Trustee of The  
Restated Declaration of Trust dated  
February 23, 2000, of the Jean Daniels  
Cluett Declaration of Trust dated January  
25, 1991

Sign: [Signature]  
Print: Mary Ann Gaspodinov

STATE OF CONNECTICUT)  
COUNTY OF FAIRFIELD) SS: Greenwich

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of February, 2010, by Lawrence E. Larson, as Trustee of The Restated Declaration of Trust dated February 23, 2000, of the Jean Daniels Cluett Declaration of Trust dated January 25, 1991, who personally appeared before me, ☒ is personally known to me OR ☐ produced as identification.



Notary: [Signature]  
Print Name: Mary Ann Gaspodinov  
Notary Public, State of Connecticut  
My commission expires: 4-30-10



315 South Lake Drive  
Palm Beach, Florida 33480-4598



(561) 655-8202  
FAX  
(561) 655-1998

**THE SOUTHLAKE CONDOMINIUM ASSOCIATION, INC.  
CERTIFICATE OF APPROVAL FOR PURCHASE**

This certificate will serve to confirm the approval of the Board of Directors of The Southlake Condominium Association, Inc. of the application of Rudolph and Judith Giuliani for the purchase of the Apartment described as follows:

Apartment 5-D, The Southlake, a Condominium, according to the Declaration of Condominium thereof, dated June 16, 1967, and recorded in the Official Records Book 1542, pages 94 through 153, inclusive, of the Public Records of Palm Beach County, Florida, and all amendments thereto.

All in accordance with the Declaration of Condominium and the Association has caused this Certificate of Approval for purchase to be executed this 9<sup>th</sup> day of February, 2010.

WITNESSES:

Wm. W. Steff  
Wm. W. Steff  
Print Name \_\_\_\_\_

THE SOUTHLAKE ASSOCIATION, INC.,  
a Florida corporation not for profit

By: [Signature]  
President

Andrew Miller  
Print Name Andrew Miller

By: [Signature]  
Secretary/Treasurer

(Corporate Seal)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of February, 2010, by William H. Moore III and Richard A. Higginbotham as President and Secretary/Treasurer, respectively, of THE SOUTHLAKE CONDOMINIUM ASSOCIATION, INC., a Florida corporation not for profit, on behalf of said corporation, who:

☒ are personally known to me, (or) \_\_\_\_\_ have produced \_\_\_\_\_ as identification.

NOTARY PUBLIC-STATE OF FLORIDA  
Harrison A. Miller  
(Notary Seal) Commission #DD788473  
Expires: JULY 30, 2012  
BONDED TRU ATLANTIC BONDING CO., INC.

Harrison A. Miller  
Notary Public

Harrison A. Miller  
Printed Name of Notary

## EXHIBIT “2”

CFN 20200050873

OR BK 31212 PG 0648  
RECORDED 02/07/2020 15:20:11  
ANT 10.00  
Doc Stamp 0.70  
Palm Beach County, Florida  
Sharon R. Bock, CLERK & COMPTROLLER  
Pgs 0648 - 6501 (3pgs)

This instrument prepared by and  
should be returned to  
Gregg S. Baker, Esq.  
Corrigan, Baker & Levine, LLC  
140 Grand Street, 8<sup>th</sup> Floor  
White Plains, New York 10601

Parcel I.D. No.: 50-43-43-22-17-000-0310

### QUITCLAIM DEED

THIS QUITCLAIM DEED is made this 14 day of January, 2020, by RUDOLPH W. GIULIANI, whose mailing address is 45 East 66<sup>th</sup> Street, Apt. 10W, New York, New York 10065, and JUDITH S. GIULIANI, whose mailing address is 28 East 73<sup>rd</sup> Street, Apt. 6AB, New York, New York 10021 (hereinafter collectively called the "Grantor"), to RUDOLPH W. GIULIANI, whose mailing address is 45 East 66<sup>th</sup> Street, Apt. 10W, New York, New York 10065 (hereinafter called the "Grantee").

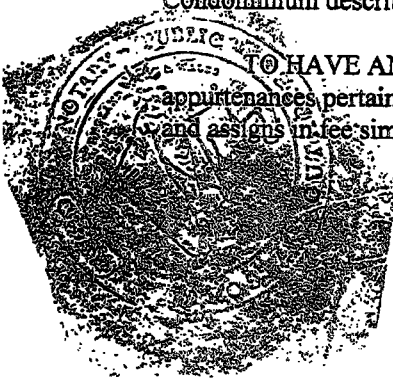
### WITNESSETH:

Grantor, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration paid by Grantee, the receipt and sufficiency of which are hereby acknowledged, by these presents does hereby grant, alien, remise, release, convey, confirm and quitclaim unto the Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Palm Beach County, Florida, to-wit:

Apartment No. 5-D, THE SOUTHLAKE, a condominium, according to the Declaration of Condominium thereof, recorded in Official Records Book 1542, page 94, and amendments thereto, of the Public Records of Palm Beach County, Florida, together with an undivided interest in the common elements appurtenant thereto as set forth in said Declaration of Condominium.

This conveyance is subject to: restrictions, reservations, easements, covenants and limitations of record; zoning and/or other restrictions imposed by governmental authorities; and the covenants, conditions, liens, terms and other provisions set forth in the Declaration of Condominium described above.

TO HAVE AND TO HOLD the same, together with all hereditaments, easements and appurtenances pertaining to or benefiting the same, unto Grantee, and Grantee's heirs, successors and assigns in fee simple forever.



IN WITNESS WHEREOF, Grantor has executed this Quitclaim Deed as of the day and year first above written.

Rudolph W. Giuliani  
Rudolph W. Giuliani

Judith S. Giuliani  
Judith S. Giuliani

Signed, sealed and delivered in the presence of:

Witness Signatures:

Jaqueline BONJUVANI  
Printed Name: Jaqueline BONJUVANI

EMERSON BARBOSA  
Printed Name: EMERSON BARBOSA

STATE OF NEW YORK }  
COUNTY OF NEW YORK } s.s.:

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of January in 2020, by Rudolph W. Giuliani, who personally appeared before me and is personally known to me or produced a New York State driver's license as identification.

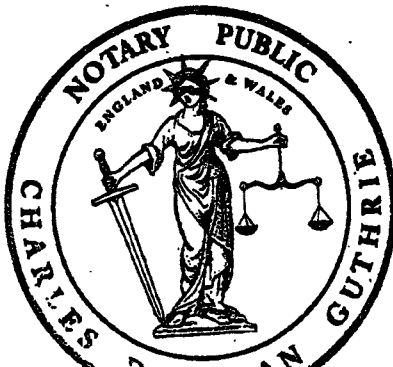
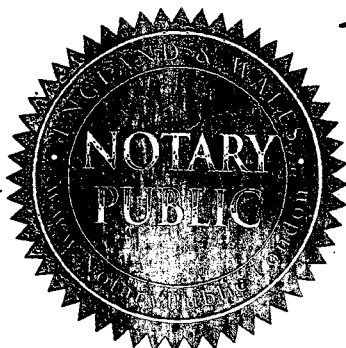
FAITH G. MILLER  
Notary Public, State of New York  
No. 4767648  
Qualified in Westchester County  
Commission Expires August 31, 2020

Faith G. Miller  
Notary Public

COUNTRY: ENGLAND, UK  
COUNTY/PROVINCE: London } s.s.:

The foregoing instrument was acknowledged before me this 14 day of January in 2020, by Judith S. Giuliani, who personally appeared before me and is personally known to me or produced a New York State driver's license as identification.

Notary Public



Charles D. Guthrie LLB, TEP  
**NOTARY PUBLIC**  
Golden Cross House, 8 Duncannon Street,  
London WC2N 4JF - Info@NotaryPublic.London  
0203 174 2458 / 07850 123 141  
www.NotaryPublic.London

MY COMMISSION IS FOR LIFE  
My Commission does not expire  
Charles D. Guthrie LLB, TEP  
NOTARY PUBLIC



<b>APOSTILLE</b> (Convention de La Haye du 5 octobre 1961)	
<b>1. Country:</b> Pays / Pais:	United Kingdom of Great Britain and Northern Ireland
<b>This public document</b> Le présent acte public / El presente documento público	
<b>2. Has been signed by</b> a été signé par ha sido firmado por	Charles D Guthrie
<b>3. Acting in the capacity of</b> agissant en qualité de quien actúa en calidad de	Notary Public
<b>4. Bears the seal / stamp of</b> est revêtu du sceau / timbre de y está revestido del sello / timbre de	The Said Notary Public
<b>Certified</b> Attesté / Certificado	
<b>5. at</b> à / en	London
<b>6. the</b> le / el día	14 January 2020
<b>7. by</b> par / por	Her Majesty's Principal Secretary of State for Foreign and Commonwealth Affairs
<b>8. Number</b> sous no / bajo el número	AP0-1794820
<b>9. Seal / stamp</b> Sceau / timbre Sello / timbre	<b>10. Signature</b> Signature Firma A. Anwar A-A

This Apostille is not to be used in the UK and only confirms the authenticity of the signature, seal or stamp on the attached UK public document. It does not confirm the authenticity of the underlying document. Apostilles attached to documents that have been photocopied and certified in the UK confirm the signature of the UK official who conducted the certification only. It does not authenticate either the signature on the original document or the contents of the original document in any way.

If this document is to be used in a country not party to the Hague Convention of the 5th of October 1961, it should be presented to the consular section of the mission representing that country

To verify this apostille go to [www.verifyapostille.service.gov.uk](http://www.verifyapostille.service.gov.uk)



**EXHIBIT “3”**

# Sotheby's

INTERNATIONAL REALTY

Sotheby's International Realty, Inc.  
650 Madison Avenue  
New York, NY 10022  
T 212.606.7660  
F 212.606.7661  
sir.com/nyc

July 12, 2023

Rudolph W. Giuliani  
45 East 66 Street  
New York, NY 10065

Re: 45 East 66 Street, Apt. 10W

## EXCLUSIVE RIGHT TO SELL - COOPERATIVE

Dear Mr. Giuliani:

This agreement sets forth the terms under which you engage our firm, Sotheby's International Realty, a licensed real estate broker (sometimes herein referred to as "SIR"), to act as brokerage agent in the sale of the referenced premises (the "Premises").

1. (a) You authorize SIR to offer the Premises for sale at a price of **\$6,500,000** (or such other amount as you may indicate to SIR orally or in writing from time to time) during the period commencing on the date this Agreement is fully executed and ending on 6-months from the date the Premises is first publicly listed for sale (the "Listing Term"). In the event the Premises is not publicly listed for sale this agreement shall terminate one year from the date this Agreement is executed. Notwithstanding the forgoing, if you enter into a contract sale for the Premises, all rights and obligations under this agreement shall automatically extend through the date of the actual Closing of the Premises.
- (b) SIR shall confirm the monthly maintenance and number of shares associated with the Premises with your managing agent and shall send the same to you for approval prior to listing the Premises for sale.
2. We will arrange inspections by prospective purchasers and you will facilitate these inspections in an appropriate manner. We will submit to you all purchase offers and will act in accordance with your instructions with respect to each such offer. SIR will use its own advertising and public relations staff to advertise and promote the Premises through exposure in appropriate publications.
3. You have advised us that the Premises are not now the subject of a listing agreement with any other broker and you agree that you will not advertise the sale of the Premises or list the Premises with any other broker during the Listing Term. You will refer to us promptly all inquiries concerning the Premises which you may receive.
4. (a) Our commission shall be in an amount equal to 5% of the purchase price for the Premises except that if the Purchaser is procured directly by Serena Boardman with no cooperating broker then the commission shall be an amount equal to 4% of the purchase price of the Premises (the "Commission"). SIR shall offer 2.5% of the purchase price of the Premises as compensation to cooperating brokers. If during the Listing Term a contract is signed to sell the Premises to any person and a closing of the sale of the premises (a "Closing") occurs at any time with such person, then the Commission will be payable to us at that Closing.
- (b) Within seven (7) business days after the expiration of the Listing Term, we shall deliver to you in writing a list of no more than six (6) names of persons who inspected the Premises during the Listing Term. If within ninety (90) days after the expiration of the Listing Term a contract is signed to sell the Premises to a person on said list (or related entity), we shall be entitled to the Commission provided for in paragraph 4(a) of this Agreement. You represent and warrant that if a new exclusive listing agreement is executed with another real estate broker (the "New Exclusive Broker"), you will notify the New Exclusive Broker of this provision and that SIR may negotiate directly with the Owner with respect to any person on the list during the ninety (90) day protected period.
- (c) Unless and until a Closing shall occur, you will not be obligated to pay us any Commission, provided, however, that if a Closing does not occur or is delayed by reason of your failure or refusal to facilitate it, then you shall nevertheless pay to us on demand the Commission as if the Closing had occurred and provided, further, that if you retain, or become legally entitled to retain (whether or not you do in fact retain), the deposit paid by the prospective purchaser under a contract of sale, or if you receive any other payment from a prospective purchaser, then you shall pay to us an amount equal to

10% of such deposit or other payment, whichever is greater.

5. As a member of The Real Estate Board of New York ("REBNY"), we are required to inform all other REBNY member real estate brokers of your Premises ("Co-Broking") and invite their cooperation for sale via the REBNY Listing Service ("RLS") simultaneously with any public dissemination of such Exclusive Listing unless you specify in writing that you do not wish that the Property be Co-Brokered through the RLS. Public dissemination includes, but is not limited to, the display of the Exclusive Listing on our public website, any third-party website, or any other public disclosure of the Listing Information. You authorize us to invite the cooperation of and to retain other real estate brokers, some or all of whom may be acting on behalf of prospective purchasers in connection with offering the Premises for sale. We agree to compensate any such other brokers retained by us from the Commission received by us hereunder.

6. You represent that you own the Premises and may enter into this agreement and sell the Premises without any other person's consent. You represent that all information about the Premises that you have provided to us was, and that all such information which you will provide to us will be, true, complete and accurate when provided and that you will not fail to disclose to us any fact which might be material to a prospective purchaser's decision to purchase the Premises or which might be legally required to be disclosed to a prospective purchaser.

7. In consideration of our efforts pursuant to this Agreement, you agree that during the Listing Term you will not enter into any lease, or agreement to lease, with respect to the Premises. Should you enter into a lease of the Premises during the term of this Agreement you shall be obligated to pay SIR a commission equivalent to fifteen percent (15%) Percent of the aggregate rental due under the first "Lease Year". (The term "Lease Year", as used in the preceding sentence, shall be deemed to be the first consecutive 12 months following the date of your actual receipt of the first full rental payment under a lease for the Premises.) Should the Premises thereafter be purchased by such lessee, or any entity owned and/or controlled by such lessee, or any individual or entity that is otherwise affiliated with such lessee, including any designee of the lessee, you agree to pay SIR, at the time of closing of title, a commission of five (5%) Percent of the contracted for purchase price.

8. In the event that either party shall commence any action or proceeding to enforce the terms of this Agreement, the prevailing party shall be entitled to, and the other party shall pay to the prevailing party, its actual costs of such action or proceeding, including actual attorneys' fees.

9. You shall instruct your attorney to include a provision in the contract of sale, which would require that the purchaser allow SIR the right to review and comment on a board package prior to submission to the board of directors of the cooperation or condominium as the case may be

10. This agreement (a) shall be governed by the laws of the state in which the premises are located applicable to contracts made and to be performed wholly in such state, (b) sets forth the entire understanding between us and supersedes all prior agreements or understandings, and (c) cannot be changed, modified or amended, nor can any of its provisions be waived, except by an agreement in writing signed by the party to be charged. If this Agreement is signed by two or more persons as owners of the premises, the liability of each hereunder shall be joint and several.

11. As used herein, the term "person" shall mean natural persons, partnerships, corporations, trusts and other entities.

**Your agreement with SIR provides for an Exclusive Right to Sell listing. By New York State law, we are required to provide the following explanations:**

An "Exclusive Right to Sell" listing means that if you, the owner of the property, find a buyer for your house, or if another broker finds a buyer, you must pay the agreed commission to the present broker.

An "Exclusive Agency" listing means that if you the owner of the property find a buyer, you will not have to pay a commission to the broker. However, if another broker finds a buyer, you will owe a commission to both the selling broker and your present broker.

**Please sign on the line below to acknowledge your understanding of the foregoing.**

\_\_\_\_\_  
Signature: Rudolph W. Giuliani

This agreement is accompanied by separate forms entitled "Disclosure Regarding Real Estate Agency Relationships" and "New York State Housing and Anti-Discrimination Disclosure Form." You should read and acknowledge this material as provided therein.

**YOU ACKNOWLEDGE THAT IT IS UNLAWFUL UNDER APPLICABLE LAW TO DISCRIMINATE ON THE BASIS OF VARIOUS FACTORS AND THAT WE WILL AT ALL TIMES COMPLY WITH FEDERAL, STATE AND NEW YORK CITY LAWS APPLICABLE TO THE PREMISES.**

Please sign, date and return the enclosed copy of this Agreement to indicate your acceptance of and agreement to the foregoing.

Very truly yours,

**SOTHEBY'S INTERNATIONAL REALTY**

DocuSigned by:

ACCEPTED AND AGREED TO

This \_\_\_\_ day of \_\_\_\_ 20\_\_:

By: Marissa Ghesquiere Date Jul 25, 2023 | 12:44:44 PM  
C3842488493149F...  
Marissa Ghesquiere  
Executive Vice President of Sales – New York City

Signature: Rudolph W. Giuliani

DocuSigned by:

By: Serena Boardman Date Jul 23, 2023 | 10:49:22 AM  
BF67E11F0C2B407...  
Broker: Serena Boardman  
Title: Senior Global Real Estate Advisor, Associate Broker

Initial \_\_\_\_\_

Please sign, date and return the enclosed copy of this Agreement to indicate your acceptance of and agreement to the foregoing.

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10. This agreement (a) shall be governed by the laws of the state in which the premises are located applicable to contracts made and to be performed wholly in such state, (b) sets forth the entire understanding between us and supersedes all prior agreements or understandings, and (c) cannot be changed, modified or amended, nor can any of its provisions be waived, except by an agreement in writing signed by the party to be charged. If this Agreement is signed by two or more persons as owners of the premises, the liability of each hereunder shall be joint and several.

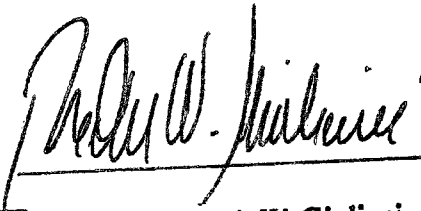
11. As used herein, the term "person" shall mean natural persons, partnerships, corporations, trusts and other entities.

Your agreement with SIR provides for an Exclusive Right to Sell listing. By New York State law, we are required to provide the following explanations:

An "Exclusive Right to Sell" listing means that if you, the owner of the property, find a buyer for your house, or if another broker finds a buyer, you must pay the agreed commission to the present broker.

An "Exclusive Agency" listing means that if you the owner of the property find a buyer, you will not have to pay a commission to the broker. However, if another broker finds a buyer, you will owe a commission to both the selling broker and your present broker.

Please sign on the line below to acknowledge your understanding of the foregoing.



Signature: Rudolph W. Giuliani

This agreement is accompanied by separate forms entitled "Disclosure Regarding Real Estate Agency Relationships" and "New York State Housing and Anti-Discrimination Disclosure Form." You should read and acknowledge this material as provided herein.

YOU ACKNOWLEDGE THAT IT IS UNLAWFUL UNDER APPLICABLE STATE AND FEDERAL LAWS TO DISCRIMINATE ON THE BASIS OF RACE, ETHNICITY, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, SEXUAL ORIENTATION, GENDER, DISABILITY, OR OTHER PROTECTED FACTORS AND THAT WE WILL AT ALL TIMES COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS.

Please sign, date and return the enclosed copy of this Agreement to indicate your acceptance of and agreement to the foregoing.

Very truly yours,

**SOTHEBY'S INTERNATIONAL REALTY**

ACCEPTED AND AGREED TO

By: \_\_\_\_\_

Date 7-19-23

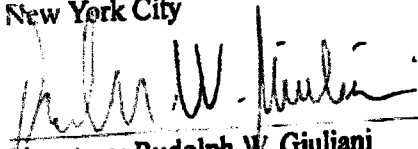
This \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_:

**Marissa Ghesquiere**

**Executive Vice President of Sales -**

New York City



Signature: **Rudolph W. Giuliani**

By: \_\_\_\_\_

Date \_\_\_\_\_

**Broker: Serena Boardman**

**Title: Senior Global Real Estate**

**Advisor, Associate Broker**

Initial \_\_\_\_\_



**EXHIBIT “4”**



**Corporate Transfer &  
Storage Inc.**  
90 13th Avenue Unit 4  
Ronkonkoma, NY 11779  
631-676-2620  
www.corporatetransfer.co  
m



**Invoice 416643**

**BILL TO**

**Dr Mari Ryan**  
**New Hampshire Health**  
**System**

**DATE**  
10/16/2024

**PLEASE PAY**  
**\$25,702.23**

**DUE DATE**  
10/16/2024

DATE	DESCRIPTION	QTY	RATE	AMOUNT
07/06/2023	All materials needed to complete this portion of the job.	0.15	14,688.00	2,203.20T
07/06/2023	Project Manager: 2 days	16	198.00	3,168.00
07/07/2023	Household Goods: Pack Load out from NYC Address will be given. 1 vans, 1 supervisor, 1 driver, 6 men plus deliver into warehouse	8	720.00	5,760.00
07/08/2023	Household Goods: Pack Load out from NYC Address will be given. 1 vans, 1 supervisor, 1 driver, 6 men plus deliver into warehouse	8	720.00	5,760.00
07/09/2023	Warehouse Handling Inbound:	2	400.00	800.00
0/15/2024	Storage: 18 months 2 containers (Approx. 2,000lbs) Each container is 5'X5'X7') of household goods from July 2023 to November 2024	36	200.00	7,200.00T

Payment due upon deliver COD

<b>SUBTOTAL</b>	24,891.20
<b>TAX</b>	811.03
<b>TOTAL</b>	25,702.23

**TOTAL DUE** **\$25,702.23**

THANK YOU.



**EXHIBIT “5”**



# ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501  
Rule 12D-16.002,  
F.A.C.  
Effective 01/23  
Page 1 of 4

Permanent Florida residency required on January 1.  
Application due to property appraiser by March 1.

County Palm Beach		<input checked="" type="checkbox"/> Tax Year 2024
I am applying for homestead exemption		<input checked="" type="checkbox"/> New <input type="checkbox"/> Change
Do you claim residency in another county or state? Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>Applicant</b>	<b>Co-applicant/Spouse</b>
Name	Rudolph W. Giuliani	
*Social Security #		
Immigration #		
Date of birth	05/16/2024	
% of ownership	100	
Date of permanent residency	12/31/2023	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Homestead address 315 S. Lake Drive, Unit 5D Palm Beach, Florida		Mailing address, if different
Parcel identification number or legal description 50-43-43-22-17-005-0040		Applicant Phone Co-applicant Phone
Type of deed <u>Quit Claim Deed</u>		Date of deed 01/14/2020
Recorded: Book <u>31212</u> Page <u>648</u> Date <u>2/7/20</u> or Instrument number _____		
Did any applicant receive or file for exemptions last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Previous address: 45 East 66th Street, Apt. 10W New York, New York 10065		
Please provide as much information as possible. Your county property appraiser will make the final determination.		
<b>Proof of Residence</b>	<b>Applicant</b>	<b>Co-applicant/Spouse</b>
Previous residency outside Florida and date terminated	New York date 12/31/2023	date
FL driver license or ID card number	G450739441880 date 2/22/2024	date
Evidence of relinquishing driver license from other state	Expired	
Florida vehicle tag number	JA3 414	
Florida voter registration number (if US citizen)	132378699 date 5/18/2024	date
Declaration of domicile, enter date	N/A date	date
Current employer	Self Employed	
Address on your last IRS return	2022 tax return 45 East 66th Street, Apt. 10W New York, New York 10065	
School location of dependent children	not applicable - no dependent children	
Bank statement and checking account mailing address	315 S. Lake Drive, Unit 5D, Palm Beach, Florida	
Proof of payment of utilities at homestead address	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of any owners not residing on the property none		

\*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

Continued on page 2

**In addition to homestead exemption, I am applying for the following benefits.**

See page 3 for qualification and required documents.

By local ordinance only:

- ☐ Age 65 and older with limited income (amount determined by ordinance)
- ☐ Age 65 and older with limited income and permanent residency for 25 years or more
- ☐ \$5,000 widowed    ☐ \$5,000 blind    ☐ \$5,000 totally and permanently disabled
- ☐ Total and permanent disability - quadriplegic
- ☐ Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind
- ☐ First responder totally and permanently disabled in the line of duty or surviving spouse
- ☐ Surviving spouse of first responder who died in the line of duty
- ☐ Disabled veteran discount, 65 or older which carries over to the surviving spouse
- ☐ Veteran disabled 10% or more
- ☐ Disabled veteran confined to wheelchair, service-connected
- ☐ Service-connected totally and permanently disabled veteran or veteran's surviving spouse. Applicants for this exemption may qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 and received the same exemption on another parcel. Enter previous parcel information. Parcel number \_\_\_\_\_ County Select County
- ☐ Surviving spouse of veteran who died while on active duty. Applicants for this exemption may qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 and received the same exemption on another parcel. Enter previous parcel information. Parcel number \_\_\_\_\_ County Select County

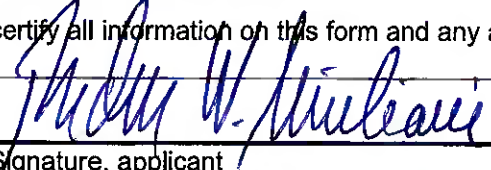
Other, specify: \_\_\_\_\_

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, Florida Statutes.)

I understand that under section 196.131(2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

I have read, or have had someone read to me, the contents of this form.

I certify all information on this form and any attachments are true, correct, and in effect on January 1 of this year.

	5/18/2024 5/16/2024		
Signature, applicant	Date	Signature, co-applicant	Date

Contact your local property appraiser if you have questions about your exemption.

**File the signed application for exemption with the county property appraiser.**

Signature, property appraiser or deputy	Date	Entered by	Date

**Penalties**

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

**EXEMPTION AND DISCOUNT REQUIREMENTS**

**Homestead** Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

**Save our Homes (SOH)** Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last three years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

**This page does not contain all the requirements that determine your eligibility for an exemption. Consult your local property appraiser and Chapter 196, Florida Statutes, for details.**

Added Benefits Available for Qualified Homestead Properties				
	Amount	Qualifications	Forms and Documents*	Statute
<b>Exemptions</b>				
Local option, age 65 and older	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	196.075
	The amount of the assessed value	Local ordinance, just value under \$250,000, permanent residency for 25 years or more.	DR-501SC, household income	
Widowed	\$5,000		Death certificate of spouse	196.202
Blind	\$5,000		Florida physician, DVA*, or SSA**	196.202
Totally and Permanently Disabled	\$5,000	Disabled	Florida physician, DVA*, or SSA**	196.202
	All taxes	Quadriplegic	2 Florida physicians or DVA*	196.101
	All taxes	Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income	DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income	196.101
<b>Veterans and First Responders Exemptions and Discount</b>				
Disabled veteran discount, age 65 and older which carries over to the surviving spouse	% of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082
Veteran, disabled 10% or more by misfortune or during wartime service	Up to \$5,000	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.24
Veteran confined to wheelchair, service-connected, totally disabled	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.091
Service-connected, totally and permanently disabled veteran or surviving spouse	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.081
Surviving spouse of veteran who died while on active duty	All taxes	Surviving spouse	Letter attesting to the veteran's death while on active duty	196.081
First responder totally and permanently disabled in the line of duty or surviving spouse	All Taxes	First responder or surviving spouse	Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)	196.102
Surviving spouse of first responder who died in the line of duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081
*DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration.				

### References

This form mentions the following documents, which are incorporated by reference in Rule 12D-16.002, F.A.C.

The forms may be available on your county property appraiser's website  
or the Department of Revenue's website at [floridarevenue.com/property/forms](http://floridarevenue.com/property/forms)

<u>Form</u>	<u>Form Title</u>
DR-416	Physician's Certification of Total and Permanent Disability
DR-416B	Optometrist's Certification of Total and Permanent Disability
DR-501A	Statement of Gross Income
DR-501DV	Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse
DR-501SC	Adjusted Gross Household Income, Sworn Statement and Return

**EXHIBIT “6”**



2024 NOTICE OF PROPOSED PROPERTY TAXES AND PROPOSED OR ADOPTED NON-AD VALOREM ASSESSMENTS

Real Estate Parcel ID: 50-43-43-22-17-005-0040  
Legal Description: SOUTHLAKE CONDOMINIUM APT 5-D

**DO NOT PAY**  
THIS IS NOT A BILL

The taxing authorities, which levy taxes against your property, will soon hold PUBLIC HEARINGS to adopt budgets and tax rates for the next year. The purpose of these PUBLIC HEARINGS is to receive opinions from the general public and to answer questions on the proposed tax change and budget PRIOR TO TAKING FINAL ACTION. Each taxing authority may AMEND or ALTER its proposals at the hearing.

Case 1:24-cv-06563-LJL Document 118-4 Filed 12/09/24 Page 35 of 120

	COLUMN 1				COLUMN 2				COLUMN 3				See <a href="http://www.pbcpa.gov">www.pbcpa.gov</a> for public hearing updates
TAXING AUTHORITY	Your Property Taxes Last Year				Your Property Taxes This Year if no budget change is made				Your Property Taxes This Year If proposed budget change is made				A public hearing on the proposed taxes and budget will be held at the locations and dates below.
	Taxable Value	Millage Rate	Tax Amount		Taxable Value	Millage Rate	Tax Amount	Taxable Value	Millage Rate	Tax Amount			
COUNTY													
County Operating	2,601,500	4.5000	11,706.75		3,450,000	4.1641	14,366.15	3,450,000	4.5000	15,525.00	9/10 5:05 PM (561) 355-3996		
County Debt	2,601,500	0.0188	48.91		3,450,000	0.0396	136.62	3,450,000	0.0396	136.62	301 N Olive Ave 6th Fl WPB 33401		
PUBLIC SCHOOL													
By State Law	3,070,000	3.2090	9,851.63		3,475,000	3.0302	10,529.95	3,475,000	3.0660	10,654.35	9/04 5:05 PM (561) 434-8837		
By Local Board	3,070,000	3.2480	9,971.36		3,475,000	3.0671	10,658.17	3,475,000	3.2480	11,286.80	3300 Forest Hill Blvd WPB 33406		
MUNICIPALITY													
Palm Beach Operating	2,601,500	2.6110	6,792.52		3,450,000	2.3608	8,144.76	3,450,000	2.6110	9,007.95	9/11 5:01PM (561)838-5444 360 South County Road PB 33480		
INDEPENDENT SPECIAL DISTRICTS													
So. Fla. Water Mgmt. Basin	2,601,500	0.1026	266.91		3,450,000	0.0945	326.03	3,450,000	0.1026	353.97	9/12 5:15 PM (561) 686-8800		
So. Fla. Water Mgmt. Dist.	2,601,500	0.0948	246.62		3,450,000	0.0874	301.53	3,450,000	0.0948	327.06	3301 Gun Club Rd B-1 Bldg WPB 33406		
Everglades Construction	2,601,500	0.0327	85.07		3,450,000	0.0301	103.85	3,450,000	0.0327	112.82			
FL Inland Navigation District	2,601,500	0.0288	74.92		3,450,000	0.0266	91.77	3,450,000	0.0288	99.36	9/05 5:05 PM (561) 627-3386 1707 NE Indian River Dr Jensen Bch		
Children's Services Council	2,601,500	0.4908	1,276.82		3,450,000	0.4535	1,564.58	3,450,000	0.4908	1,693.26	9/11 5:01 PM (561) 740-7000		
Health Care District	2,601,500	0.6761	1,758.87		3,450,000	0.6247	2,155.22	3,450,000	0.6561	2,263.55	2300 High Ridge Rd ByntrnBch FL33426 9/11 5:15 PM (561) 659-1270 1515 N Flagler Dr Ste 101 WPB 33401		
Total Millage Rate & Tax Amount		15.0126	42,080.38			13.9786	48,378.63		14.8704	51,460.74	** SEE BELOW FOR EXPLANATION		
COLUMN 1	COLUMN 2				COLUMN 3				COLUMN 3				
"YOUR PROPERTY TAXES LAST YEAR" This column shows the taxes that applied last year to your property. These amounts were based on budgets adopted last year and your property's previous taxable value.	"YOUR TAXES THIS YEAR IF NO BUDGET CHANGE IS ADOPTED" This column shows what your taxes will be this year IF EACH TAXING AUTHORITY DOES NOT CHANGE ITS PROPERTY TAX LEVY. These amounts are based on last year's budgets and your current assessment.				"YOUR TAXES THIS YEAR IF PROPOSED BUDGET CHANGE IS ADOPTED" This column shows what your taxes will be this year under the BUDGET ACTUALLY PROPOSED by each local taxing authority. The proposal is NOT final and may be amended at the public hearings shown above. The difference between columns 2 and 3 is the tax change proposed by each local taxing authority and is NOT the result of higher assessments.				"YOUR TAXES THIS YEAR IF PROPOSED BUDGET CHANGE IS ADOPTED" This column shows what your taxes will be this year under the BUDGET ACTUALLY PROPOSED by each local taxing authority. The proposal is NOT final and may be amended at the public hearings shown above. The difference between columns 2 and 3 is the tax change proposed by each local taxing authority and is NOT the result of higher assessments.				
LEVYING AUTHORITY	PURPOSE OF ASSESSMENT				UNITS				CONTACT NUMBER				
SOLID WASTE AUTHORITY OF PBC	GARBAGE SERVICES				1				(561) 697-2700				
PALM BEACH UNDERGROUND UTILITIES	UNDERGROUND UTILITIES ASSESSMT				1				(561) 838-5444				

Your final tax bill may contain Non-Ad Valorem assessments which may not be reflected on this notice such as assessments for roads, fire, garbage, lighting, drainage, water, sewer, or other governmental service and facilities which may be levied by your county, city, or any special district.  
**NOTE:** Amounts shown on this form do NOT reflect early payment discounts you may have received or may be eligible to receive. (Discounts are a maximum of 4 percent of the amounts shown on this form)  
**Non-Ad Valorem Assessments:** Non-Ad Valorem assessments are placed on this notice at the request of the respective local governing boards. Your tax Collector will be including them in the November tax bill. For details on particular Non-Ad Valorem assessments, contact the levying authority shown in the Non-Ad Valorem Assessment section of this page.

VALUE INFORMATION

Market Value	
Last Year (2023)	This Year (2024)
3,070,000	3,500,000

Market (also called "Just") value is the most probable sale price for your property in a competitive, open market on Jan. 1, 2024. It is based on a willing buyer and a willing seller.

If you feel that the market value of your property is inaccurate or does not reflect fair market value, or you are entitled to an exemption or classification that is not reflected on this notice, **contact your County Property Appraiser at the numbers listed on the included insert.**

If the Property Appraiser's office is unable to resolve the matter as to market value, classification, or an exemption, you may file a petition for adjustment with the Value Adjustment Board. Petition forms are available from the County Property Appraiser's office. Your petition must be filed with the Clerk of Value Adjustment Board on or before **5:00 PM October 28, 2024** at 301 N Olive Ave, West Palm Beach, FL 33401.

50-43-43-22-17-005-0040 50411 HOMESTEAD

GIULIANI RUDOLPH W  
315 S LAKE DR APT 5D  
PALM BEACH FL 33480-4525



Taxing Authority	Assessed Value		Exemptions		Taxable Value	
	Last Year	This Year	Last Year	This Year	Last Year	This Year
County Operating	2,601,500	3,500,000		50,000	2,601,500	3,450,000
County Debt	2,601,500	3,500,000	0	50,000	2,601,500	3,450,000
Public Schools	3,070,000	3,500,000	0	25,000	3,070,000	3,475,000
Municipality Operating	2,601,500	3,500,000	0	50,000	2,601,500	3,450,000
Independent Special Dist	2,601,500	3,500,000	0	50,000	2,601,500	3,450,000

**Assessed Value** is the market value minus any assessment reductions.

**Exemptions** are specific dollar or percentage amounts that reduce your assessed value.

**Taxable Value** is the value used to calculate the tax due on your property (Assessed Value minus Exemptions).

Assessment Reductions	Applies To	Value

Properties can receive an assessment reduction for a number of reasons including the Save our Homes Benefit and the 10% non-homestead property limitation.

Exemptions Applied	Applies To	Value
Homestead	All Taxing Authorities	25,000
Additional Homestead	Non-School Taxing Authorities	25,000

Any exemption that impacts your property is listed in this section along with its corresponding exempt value. Specific dollar or percentage reductions in assessed value may be applicable to a property based upon certain qualifications of the property or property owner. In some cases, an exemption's value may vary depending on the taxing authority. The tax impact of an exempt value may also vary for the same taxing authority, depending on the levy (i.e. operating millage vs debt service millage).

AMENDED





**EXHIBIT “7”**

Case 1:24-cv-06965-EJL Document 116-4 Filed 12/09/24 Page 38 of 120

COUNTY OF PALM BEACH: NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PROPERTY CONTROL NO.	YEAR	BILL NO.	CMC	APPLIED EXEMPTION(S)	LEGAL DESCRIPTION
50-43-43-22-17-005-0040	2024	101626743	41	Homestead Additional Homestead	SOUTHLAKE CONDOMINIUM APT 5-D



19  
7 - 5365

GIULIANI RUDOLPH W  
315 S LAKE DR APT 5D  
PALM BEACH FL 33480-4525



ANNE M. GANNON  
CONSTITUTIONAL TAX COLLECTOR  
Serving Palm Beach County  
Serving you.  
www.pbctax.gov

SCAN TO  
ACCESS  
ACCOUNT



2024 REAL ESTATE PROPERTY TAX BILL

READ REVERSE SIDE BEFORE CALLING		AD VALOREM TAXES			READ REVERSE SIDE BEFORE CALLING	
TAXING AUTHORITY	TELEPHONE	ASSESSED	EXEMPTION	TAXABLE	MILLAGE	TAX AMOUNT
COUNTY	561-355-3996	3,500,000	50,000	3,450,000	4.5000	15,525.00
COUNTY DEBT	561-355-3996	3,500,000	50,000	3,450,000	0.0396	136.62
TOWN OF PALM BEACH	561-838-5444	3,500,000	50,000	3,450,000	2.6110	9,007.95
CHILDRENS SERVICES COUNCIL	561-740-7000	3,500,000	50,000	3,450,000	0.4908	1,693.26
F.I.N.D.	561-627-3386	3,500,000	50,000	3,450,000	0.0288	99.36
PBC HEALTH CARE DISTRICT	561-804-5765	3,500,000	50,000	3,450,000	0.6561	2,263.55
SCHOOL LOCAL	561-434-8837	3,500,000	25,000	3,475,000	3.2480	11,286.80
SCHOOL STATE	561-434-8837	3,500,000	25,000	3,475,000	3.0660	10,654.35
SFWMD EVERGLADES CONST PROJECT	561-686-8800	3,500,000	50,000	3,450,000	0.0327	112.82
SO FLA WATER MANAGEMENT DIST.	561-686-8800	3,500,000	50,000	3,450,000	0.0948	327.06
SO FLA WATER MGMT - OKEE BASIN	561-686-8800	3,500,000	50,000	3,450,000	0.1026	353.97

TOTAL AD VALOREM 51,460.74

READ REVERSE SIDE BEFORE CALLING		NON-AD VALOREM ASSESSMENTS		READ REVERSE SIDE BEFORE CALLING	
LEVYING AUTHORITY	TELEPHONE	RATE	AMOUNT		
PALM BEACH UNDERGROUND UTILITIES	561-838-5444	294.50	294.50		
SOLID WASTE AUTHORITY OF PBC	561-640-4000	107.00	107.00		

TOTAL NON-AD VALOREM 401.50

TOTAL AD VALOREM AND NON-AD VALOREM COMBINED 51,862.24

AMOUNT DUE WHEN RECEIVED BY					
NOV 30, 2024	DEC 31, 2024	JAN 31, 2025	FEB 28, 2025	MAR 31, 2025	TAXES ARE DELINQUENT APRIL 1, 2025
\$49,787.74	\$50,306.37	\$50,824.99	\$51,343.62	\$51,862.24	
4%	3%	2%	1%	NO DISCOUNT	

DETACH HERE

\*\*SEE REVERSE SIDE FOR INSTRUCTIONS AND INFORMATION\*\*

DETACH HERE

COUNTY OF PALM BEACH: NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PROPERTY CONTROL NO.	YEAR	BILL NO.
50-43-43-22-17-005-0040	2024	101626743

GIULIANI RUDOLPH W  
315 S LAKE DR APT 5D  
PALM BEACH FL 33480-4525

20241016267430051862241

LEGAL DESCRIPTION

SOUTHLAKE CONDOMINIUM APT 5-D

P.O. BOX 3353  
WEST PALM BEACH, FL 33402-3353

MAKE PAYMENT TO:  
TAX COLLECTOR, PALM BEACH COUNTY

AMOUNT DUE WHEN RECEIVED BY					
NOV 30, 2024	DEC 31, 2024	JAN 31, 2025	FEB 28, 2025	MAR 31, 2025	TAXES ARE DELINQUENT APRIL 1, 2025
\$49,787.74	\$50,306.37	\$50,824.99	\$51,343.62	\$51,862.24	
4%	3%	2%	1%	NO DISCOUNT	

**IMPORTANT INSTRUCTIONS**

**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
 Serving Palm Beach County  
 Serving you.  
[www.pbctax.gov](http://www.pbctax.gov)

**2024 REAL ESTATE PROPERTY TAX BILL**

This bill includes AD VALOREM TAXES and NON-AD VALOREM ASSESSMENTS for the current tax year. Discount amounts are shown on the front of this bill.

**REAL ESTATE PROPERTY TAX PAYMENT**

- Payment must be made in full and in U.S. funds.
- Payment must be received in our office by the due date printed on the front of this bill.
- Payment is subject to verification and receipt of funds. A fee is applied for dishonored funds.
- For the latest requirements when visiting our office in-person, visit [www.pbctax.gov](http://www.pbctax.gov).

**PAYMENT OPTIONS**

- **ECHECK** (Online Only) 24/7 at [www.pbctax.gov](http://www.pbctax.gov). eCheck is FREE (email transaction notice serves as confirmation).
- **CREDIT/DEBIT CARD A 2.4% Convenience Fee Will Apply (\$2.00 minimum).** Convenience fees are collected by the credit/debit card processor and not retained by our office (email transaction notice serves as online receipt).
- **BANK ONLINE BILL PAY** Use your bank's bill pay service. Enter the 17-digit Property Control Number (no dashes) as account number. Mail delivery and bank processing times vary. Please allow ample time (confirmation from your bill pay service serves as receipt).
- **DROP OFF BOX** At any service center from 8:15 AM to 5:00 PM, Monday - Friday (canceled check serves as receipt).
- **MAIL** Detach the stub below and return with payment. DO NOT TAPE, FOLD, STAPLE, PAPER CLIP OR WRITE ON PAYMENT STUB. Write your 17-digit Property Control Number on your payment. Use the enclosed return envelope with the Tax Collector address showing in the return envelope window (canceled check serves as receipt).
- **WIRE TRANSFER** Visit our website at [www.pbctax.gov/wires](http://www.pbctax.gov/wires) for instructions.

**DELINQUENT TAX INFORMATION**

**FLORIDA STATUTE 197.402 and 197.432: Tax Certificates will be sold on all unpaid property taxes 60 days after the date of delinquency.**

- AD VALOREM TAXES and NON-AD VALOREM ASSESSMENTS are delinquent APRIL 1.
- The minimum charge of 3% will be collected. Interest accrues up to 1.5% per month (18% annually).
- Interest and associated costs for delinquent taxes are determined by the date payment is received. Postmark date is not proof of payment.
- Payment AFTER THE DATE OF DELINQUENCY must be paid by certified funds or the payment will be returned. Certified funds include funds drawn on a U.S. bank in cash, bank draft, wire transfer, money order or cashier's check.

(DETACH HERE)

**STOP PAYMENT PROCESSING DELAYS**

**DO NOT TAPE, FOLD, STAPLE, PAPER CLIP, OR WRITE ON THIS PAYMENT STUB**

**QUESTIONS****Constitutional Tax Collector**

Prepares and mails TAX BILLS. For answers to most questions, visit [www.pbctax.gov](http://www.pbctax.gov) or call 561-355-2264.

**Note:** If this property was sold, please notify us at [www.pbctax.gov/propertysold](http://www.pbctax.gov/propertysold) and complete a Property Tax Contact Form.

**Property Appraiser**

Prepares the AD VALOREM TAX ROLL. For questions about assessed value, exemptions, taxable value, assessed owner's name, address and legal description, call 561-355-2866.

**Taxing Authorities**

Set the AD VALOREM MILLAGE RATES. See telephone numbers listed on front of bill for questions about assessment amounts and services provided.

**Levying Authorities**

Determine the NON-AD VALOREM ASSESSMENTS. See telephone numbers listed on front of bill for questions about assessment amounts and services provided.

INCLUDE THIS STUB WITH PAYMENT

Make payment to:

**Tax Collector, Palm Beach County**

Please include the 17-digit Property Control Number on your payment. Place this stub and your payment in the enclosed return envelope. The Constitutional Tax Collector's address must show in the return envelope window.

**EXHIBIT “8”**

## DECLARATION OF DOMICILE

To the Clerk of the Circuit Court [County Comptroller] Palm Beach County, Florida.

This is my declaration of domicile in the State of Florida, that I am filing this day in accordance and in conformity with Section 222.17 Florida Statutes.

### FOR DOMICILIARIES OF THE STATE OF FLORIDA:

I hereby declare that I reside in and maintain a place of abode at 315 S. Lake Drive, Unit 5D Palm Beach in Palm Beach County, Florida, which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other state or states, I hereby declare that my above-described residence and abode in the State of Florida constitutes my predominant and principal home, and I intend to continue it permanently as such. I am, at the time of making this declaration, a bona fide resident of the State of Florida residing at the above described residence and place of abode.

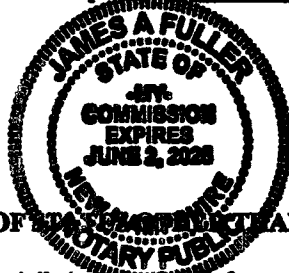
x Rudolph W. Giuliani  
Rudolph W. Giuliani

Rudolph W. Giuliani  
(print name)

State of New Hampshire

County of Hillsborough 2

Sworn to and subscribed before me this 13th day of July, 2024 by Rudolph W. Giuliani who is personally known to me or who has produced Drivers License as identification and who did/did not take an oath.



x James A. Fuller  
Signature of Notary Public  
State of NH Notary Public

Print, type or stamp commission named of Notary Public

### FOR DOMICILIARIES OF ANY STATE OTHER THAN THE STATE OF FLORIDA:

I hereby declare that my domicile is in the State of \_\_\_\_\_ and that I intend to permanently continue and maintain my domicile in such state. At the time of making this declaration I am a bona fide resident of the State of \_\_\_\_\_. My place of abode within the State of Florida, if any, is as follows:

\_\_\_\_\_, in \_\_\_\_\_ County, Florida  
(street and number) (city)

(Person making declaration may also include such other and further facts with reference to any acts done or performed by such person which such person desires or intends not to be construed as evidencing any intention to establish his domicile within the State of Florida.)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of Notary Public

## EXHIBIT “9”



**Department of  
Taxation and Finance**

Office of Real Property Tax Services – Homestead  
W A Harriman Campus, Albany NY 12227-0801

RUDOLPH GIULIANI  
216 LAKEVILLE RD  
GREAT NECK NY 11020

Property key:  
RD5748Z

Property description:  
45 EAST 66 STREET 10W

Confirmation number:

## **Confirmation of No STAR Credit**

We have received your request for confirmation that you are not receiving a New York State School Tax Relief (STAR) credit. As of January 1, 2024, you are not receiving the STAR Credit in New York State on the above referenced property.

### **Questions?**

- Visit our website for information about the STAR credit program.
- Call the New York State Tax Department) at 518-457-2036 between 8:30 a.m. and 4:30 p.m. weekdays.

**EXHIBIT “10”**





**Property Exemptions Administration  
Compliance Unit  
59 Maiden Lane, 22nd Floor  
New York, NY 10038**

August 30, 2024

Gary Rosen, ESQ.  
216 Lakeville Road  
Great Neck, NY 11020

**Re: Property Tax Exemption Removal**  
**Borough: Manhattan Block: 1381 Lot: 1104 Unit: 10W**

Dear Gary Rosen,

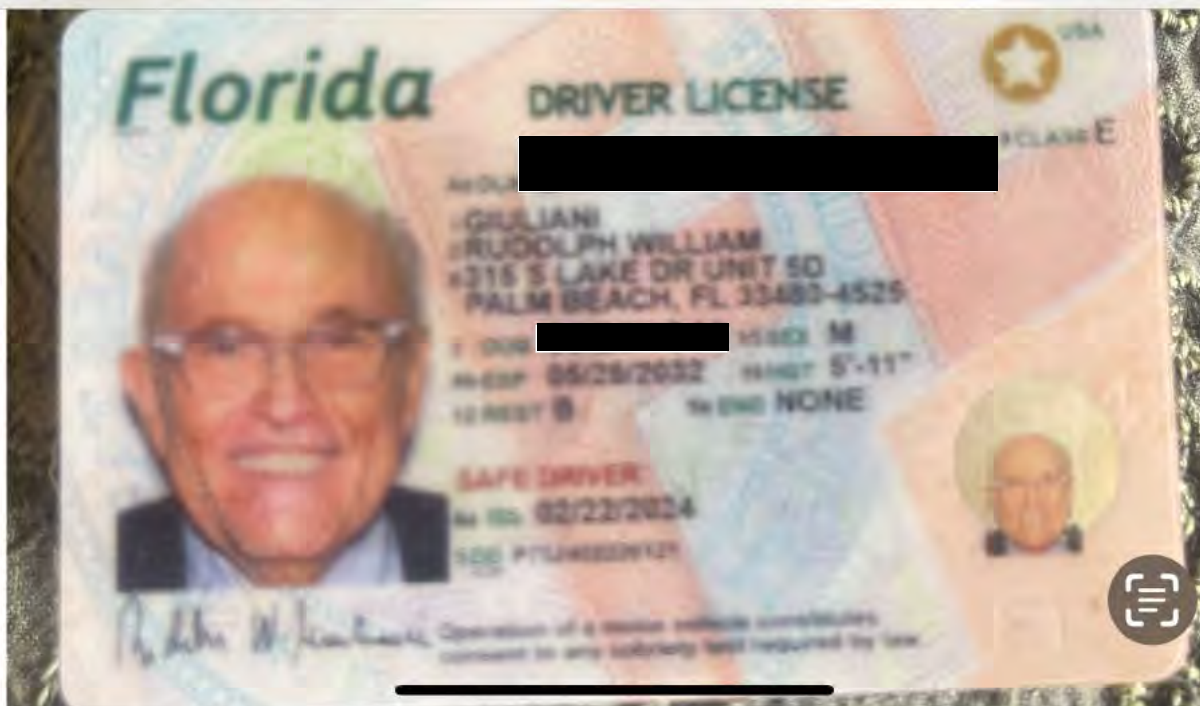
Please be advised that the Cooperative Condominium Abatement (CCA) for Unit 10W at 45 East 66 Street, New York NY 10065, has been removed for the period beginning July 1, 2023. If you have any questions, please call 311.

Sincerely,

Property Exemptions Administration  
Compliance Unit  
New York City Department of Finance

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at [www.nyc.gov/contactdofeeo](http://www.nyc.gov/contactdofeeo) or by calling 311.

**EXHIBIT “11”**



**EXHIBIT “12”**

Mail To:  
**RUDOLPH W GIULIANI, JUDITH S GIULIANI**  
 312 SOUTHLAKE DR  
 PALM BEACH, FL 33480

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

## FLORIDA VEHICLE REGISTRATION

CO/ACY 6 / 4 TR 1960102575  
 PW 15445211

PLATE JAS414 DECAL 01437896 Expires Midnight Thu 05/28/2026

YEAR/	1960/1962	BODY	CV	COLOR	BLU	Reg. Tax	16.20	Class Code	93
VIN	10704412064727			TITLE	113691305	Ins. Reg.		Tax Months	24
Plate Type	AGR	NET WT	3685			County Fee	6.00	Basic Tax Mos	0
						Mail Fee	5.45	Credit Class	
						Sales Tax		Credit Months	0
Date Issued	5/8/2024	Plate Issued	5/8/2024			Voluntary Fees			
						Grand Total	47.65		

**RUDOLPH W GIULIANI, JUDITH S GIULIANI**  
 312 SOUTHLAKE DR  
 PALM BEACH, FL 33480

### IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the transfer denies the insurance information submitted for this registration.

AGR - ANTIQUE LICENSE PLATE PLATE ISSUED X

EXHIBIT “13”



[My Information](#) [Upcoming Elections](#) [Previous Elections](#)

**Rudolph W. Giuliani**

**Voter Registration Number: 132378699**

## Voter Information

⊕ **Voter Status:** Eligible to vote in Palm Beach County.

You have a standing request to receive a mail ballot for elections occurring on or before 12/31/2024.

**Date Registered:** May 18, 2024

**Date of Birth:** [REDACTED]

**Party Affiliation:** REP

**Precinct:** 5603

**County:** Palm Beach

[Request Registration Update](#)

[View Office Holders](#)

[View Precinct Statistics](#)

## Contact Information

### Residence Address:

**315 S Lake Dr UNIT 5D  
Palm Beach, FL 33480**

### Mailing Address:

**315 S Lake Dr UNIT 5D  
Palm Beach, FL 33480**

[Request Address Change](#)

## Default Polling Location

**Morton & Barbara Mandel Recreation Center  
340 Seaview Ave  
Palm Beach, FL 33480**

## Upcoming Elections

There are no future elections currently listed. Would you like to request a mail ballot for all future elections?

[Request a Mail Ballot](#)

## Previous Election Activity

☐ 2024 General Election

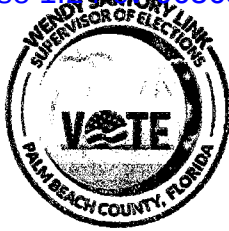
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☐ 2024 Primary Election

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**Transparent Secure Democracy**



**Palm Beach County Supervisor of Elections**

**MAIN OFFICE:** 4301 Cherry Road, West Palm Beach, FL 33409

P.O. Box 22309, West Palm Beach, FL 33416

P: (561) 656-6200 | F: (561) 656-6287

**Hours for All Offices:** M - F: 8:30 AM - 5:00 PM

**NORTH COUNTY BRANCH OFFICE**

North County Courthouse

3188 P.G.A. Blvd.

Rm. #2401

Palm Beach Gardens, FL 33410

P: (561) 624-6555

F: (561) 624-6572

**SOUTH COUNTY BRANCH OFFICE**

Southeast PBC Administrative Complex

345 South Congress Avenue

Rm. #103

Delray Beach, FL 33445

P: (561) 276-1226

F: (561) 276-1321

**WEST COUNTY BRANCH OFFICE**

West County Office Building

2976 State Road #15

Second Floor

Belle Glade, FL 33430

P: (561) 992-1114

F: (561) 992-1219

**Candidates**

[candidates@votepalmbeach.gov](mailto:candidates@votepalmbeach.gov)

**Vote by Mail**

[votebymail@votepalmbeach.gov](mailto:votebymail@votepalmbeach.gov)

**General Information**

[info@votepalmbeach.gov](mailto:info@votepalmbeach.gov)

[Accessibility Statement](#)

[Site Map](#)

PLEASE NOTE: Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing. Florida Statute 668.6076.

EXHIBIT “14”

<b>Form</b>	<b>1040</b>	Department of the Treasury - Internal Revenue Service		<b>2023</b>	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
		<b>U.S. Individual Income Tax Return</b>				

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning _____, ending _____				See separate instructions.	
Your first name and middle initial <b>RUDOLPH W.</b>		Last name <b>GIULIANI</b>		Your social security number <b>[REDACTED]</b>	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <b>315 SOUTHLAKE DR.</b>				Apt. no. <b>5D</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>PALM BEACH</b>			State <b>FL</b>	ZIP code <b>33480</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Filing Status** ☒ Single ☐ Head of household (HOH)  
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)  
☐ Married filing separately (MFS)  
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☒ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

(1) First name		(2) Social security number		(3) Relationship to you		(4) Check the box if qualifies for (see instr.):	
Last name						Child tax credit	Credit for other dependents

**Income**

<b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
	1b	Household employee wages not reported on Form(s) W-2	1b	
	1c	Tip income not reported on line 1a (see instructions)	1c	
	1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	1e	Taxable dependent care benefits from Form 2441, line 26	1e	
	1f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	1g	Wages from Form 8919, line 6	1g	
	1h	Other earned income (see instructions)	1h	
	1i	Nontaxable combat pay election (see instructions)	1i	
	1z	Add lines 1a through 1h	1z	

<b>Attach Sch. B if required.</b>	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c		If you elect to use the lump-sum election method, check here (see instructions)					

<b>Standard Deduction for -</b> • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	

15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	
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LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Form 1040 (2023)

RUDOLPH W. GIULIANI

Page 2

**Tax and Credits**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	

**Payments**

25	Federal income tax withheld from:	
a	Form(s) W-2	25a
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d
26	2023 estimated tax payments and amount applied from 2022 return	26
27	Earned income credit (EIC)	27
28	Additional child tax credit from Schedule 8812	28
29	American opportunity credit from Form 8863, line 8	29
30	Reserved for future use	30
31	Amount from Schedule 3, line 15	31
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	
36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36

**Amount You Owe**

37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37
38	Estimated tax penalty (see instructions)	38

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes. Complete below.** ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		EXECUTIVE	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
JOSEPH RICCI			P	

Firm's name **Ricci and Company, CPA, P.C.**  
**80 Orville Dr. Suite 100**  
 Firm's address **Bohemia, NY 11716**

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2023)

**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**RUDOLPH W. GIULIANI****1****Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes .....	<b>1</b>	
<b>2a</b>	Alimony received .....	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) .....		
<b>3</b>	Business income or (loss). Attach Schedule C .....	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 .....	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F .....	<b>6</b>	
<b>7</b>	Unemployment compensation .....	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss .....	<b>8a</b>	( )
<b>b</b>	Gambling .....	<b>8b</b>	
<b>c</b>	Cancellation of debt .....	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 .....	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 .....	<b>8e</b>	
<b>f</b>	Income from Form 8889 .....	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends .....	<b>8g</b>	
<b>h</b>	Jury duty pay .....	<b>8h</b>	
<b>i</b>	Prizes and awards .....	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income .....	<b>8j</b>	
<b>k</b>	Stock options .....	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property .....	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) .....	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) .....	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) .....	<b>8o</b>	
<b>p</b>	Section 461(f) excess business loss adjustment .....	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) .....	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 .....	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d .....	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan .....	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated .....	<b>8u</b>	
<b>z</b>	Other income. List type and amount: .....	<b>8z</b>	
	<b>See Statement 3</b>		
<b>9</b>	Total other income. Add lines 8a through 8z .....	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 .....	<b>10</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

Page **2****Part II Adjustments to Income**

<b>11</b>	Educator expenses .....	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 .....	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction .....	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings .....	<b>18</b>	
<b>19a</b>	Alimony paid .....	<b>19a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions): .....		
<b>20</b>	IRA deduction .....	<b>20</b>	
<b>21</b>	Student loan interest deduction .....	<b>21</b>	
<b>22</b>	Reserved for future use .....	<b>22</b>	
<b>23</b>	Archer MSA deduction .....	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) .....	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit .....	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m .....	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses .....	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans .....	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans .....	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations .....	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 .....	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: .....		
	.....	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z .....	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 .....	<b>26</b>	

Schedule 1 (Form 1040) 2023

**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RUDOLPH W. GIULIANI

1

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023



Schedule 2 (Form 1040) 2023

Page 2

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:			
<b>a</b>	Recapture of other credits. List type, form number, and amount	<b>17a</b>		
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions	<b>17b</b>		
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889	<b>17c</b>		
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	<b>17d</b>		
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853	<b>17e</b>		
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	<b>17f</b>		
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	<b>17g</b>		
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	<b>17h</b>		
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A	<b>17i</b>		
<b>j</b>	Section 72(m)(5) excess benefits tax	<b>17j</b>		
<b>k</b>	Golden parachute payments	<b>17k</b>		
<b>l</b>	Tax on accumulation distribution of trusts	<b>17l</b>		
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation	<b>17m</b>		
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	<b>17n</b>		
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	<b>17o</b>		
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	<b>17p</b>		
<b>q</b>	Any interest from Form 8621, line 24	<b>17q</b>		
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>		
<b>18</b>	Total additional taxes. Add lines 17a through 17z		<b>18</b>	
<b>19</b>	Reserved for future use		<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A	<b>20</b>		
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		<b>21</b>	

Schedule 2 (Form 1040) 2023

Form **2210**Department of the Treasury  
Internal Revenue Service**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

OMB No. 1545-0140

**2023**Attachment  
Sequence No. **06**

Name(s) shown on tax return

Identifying number

**RUDOLPH W. GIULIANI****Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but <b>don't file Form 2210</b> .		
	No	You must figure your penalty.
	Yes	You <b>aren't</b> required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but <b>file only page 1 of Form 2210</b> .

**Part I Required Annual Payment**

1 Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	
2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3 Other payments and refundable credits (see instructions)	3	
4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	4	
5 Multiply line 4 by 90% (0.90)	5	
6 <b>Estimated</b> taxes. <b>Don't</b> include estimated tax payments. See instructions	6	
7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't file Form 2210</b>	7	
8 Maximum required annual payment based on prior year's tax (see instructions)	8	
9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9	

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

• If box B, C, or D applies, you must figure your penalty and file Form 2210.

• If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2023)

Form 2210 (2023) **RUDOLPH W. GIULIANI**

Page 2

**Part III Penalty Computation** (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
<b>10</b>	<b>Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions				
<b>11</b>	<b>Estimated tax paid and tax withheld</b> (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. <b>Don't file Form 2210 unless you checked a box in Part II</b>				

Complete lines 12 through 18 of one column before going to line 12 of the next column.

<b>12</b>	Enter the amount, if any, from line 18 in the previous column				
<b>13</b>	Add lines 11 and 12				
<b>14</b>	Add the amounts on lines 16 and 17 in the previous column				
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11				
<b>16</b>	If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-				
<b>17</b>	<b>Underpayment.</b> If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18				
<b>18</b>	<b>Overpayment.</b> If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column				

**Section B - Figure the Penalty** (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

<b>19</b>	<b>Penalty.</b> Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. <b>Don't file Form 2210 unless you checked a box in Part II</b>	
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Form 2210 (2023)

See Attached Worksheet

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Profit or Loss From Business**

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **09**

Name of proprietor

Social security number (SSN)

**RUDOLPH W. GIULIANI**

B Enter code from instructions

**A** Principal business or profession, including product or service (see instructions)**PODCASTING**

D Employer ID number (EIN) (see instr.)

**C** Business name. If no separate business name, leave blank.**GIULIANI COMMUNICATIONS LLC****E** Business address (including suite or room no.) **315 SOUTHLAKE Dr Apt 5D**City, town or post office, state, and ZIP code **PALM BEACH, FL 33480****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_**G** Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2023, check here ☐**I** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
			<b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205)	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b	<b>28</b>				
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>				
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

Schedule C (Form 1040) 2023

RUDOLPH W. GIULIANI

Page 2

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory:	<b>a</b> <input type="checkbox"/> Cost	<b>b</b> <input type="checkbox"/> Lower of cost or market	<b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	<b>35</b>		
<b>36</b>	Purchases less cost of items withdrawn for personal use	<b>36</b>		
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself	<b>37</b>		
<b>38</b>	Materials and supplies	<b>38</b>		
<b>39</b>	Other costs	<b>39</b>		
<b>40</b>	Add lines 35 through 39	<b>40</b>		
<b>41</b>	Inventory at end of year	<b>41</b>		
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	<b>42</b>		

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month/day/year)	____ / ____ / ____
<b>44</b>	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:	
<b>a</b>	Business	_____
<b>b</b>	Commuting	_____
<b>c</b>	Other	_____
<b>45</b>	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47 a</b>	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26, line 27b, or line 30.

CONSULTING

NYS LLC FEE

**48 Total other expenses.** Enter here and on line 27a**48**

**SCHEDULE D****(Form 1040)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

**RUDOLPH W. GIULIANI**Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b>	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b>	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				<b>4</b>
<b>5</b>	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>5</b>
<b>6</b>	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				<b>6</b> ( )
<b>7</b>	<b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b>	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b>	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b>	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				<b>11</b>
<b>12</b>	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 <b>See Statement 4</b>				<b>12</b> [REDACTED]
<b>13</b>	Capital gain distributions. See the instructions				<b>13</b>
<b>14</b>	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				<b>14</b> ( [REDACTED] )
<b>15</b>	<b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				<b>15</b> [REDACTED] >

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2023

Schedule D (Form 1040) 2023

RUDOLPH W. GIULIANI

Page 2

**Part III Summary**

16 Combine lines 7 and 15 and enter the result

16

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 both gains?

- ☐ **Yes.** Go to line 18.
- ☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet

18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet

19

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.
- ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- (\$3,000), or if married filing separately, (\$1,500)

See Statement 5

21

**Note:** When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.
- ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Schedule D (Form 1040) 2023



Schedule E (Form 1040) 2023

Attachment Sequence No. 13

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

RUDOLPH W. GIULIANI

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	GIULIANI & COMPANY LLC	P				
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562
A			
B			
C			
D			
29a Totals			
b Totals			
30 Add columns (h) and (k) of line 29a		30	
31 Add columns (g), (i), and (j) of line 29b		31	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a		35	
36 Add columns (c) and (e) of line 34b		36	
37 Total estate and trust income or (loss). Combine lines 35 and 36		37	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	



## INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2023

## SCHEDULE E

Name RUDOLPH W. GIULIANI

SSN/ EIN [REDACTED]

Passthrough GIULIANI &amp; COMPANY LLC

ID 01-0557795

Taxpayer

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>SCHEDULE E, PAGE 2</b>								
Ordinary business income (loss) .....								
Rental real estate income (loss) .....								
Other net rental income (loss) .....								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments .....								
Section 179 and carryover .....								
Disallowed section 179 expense .....								
Excess farm loss .....								
Net income (loss) .....								
First passive other .....								
Second passive other .....								
Cost depletion .....								
Percentage depletion .....								
Depletion carryover .....								
Disallowed due to 65% limitation .....								
Unreimbursed expenses (nonpassive)								
Nonpassive other .....								
Total Schedule E (page 2) .....								
<b>FORM 4797</b>								
Section 1231 gain (loss) .....								
Section 179 recapture on disposition								
<b>SCHEDULE D</b>								
Net short-term cap. gain (loss) .....								
Net long-term cap. gain (loss) .....								
Section 1256 contracts & straddles .....								
<b>FORM 4952</b>								
Investment interest expense - Sch. A								
Other net investment income .....								
<b>ITEMIZED DEDUCTIONS</b>								
Charitable contributions .....								
Deductions related to portfolio income								
Other .....								

## INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2023

## SCHEDULE E

Name RUDOLPH W. GIULIANISSN/EIN [REDACTED]Passthrough GIULIANI & COMPANY LLCID [REDACTED]Taxpayer [REDACTED]

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
<b>INTEREST AND DIVIDENDS</b>								
Interest income .....								
Interest from U.S. bonds .....								
Ordinary dividends .....								
Qualified dividends .....								
Tax-exempt interest income .....								
<b>FORM 6251</b>								
Depreciation adjustment after 12/31/86 .....								
Adjusted gain or loss .....								
Beneficiary's AMT adjustment .....								
Depletion (other than oil) .....								
Other .....								
<b>MISCELLANEOUS</b>								
Self-employment earnings (loss)/Wages .....								
Gross farming & fishing inc .....								
Royalties .....								
Royalty expenses/depletion .....								
Undistributed capital gains credit .....								
Backup withholding .....								
Credit for estimated tax .....								
Cancellation of debt .....								
Medical insurance - 1040 .....								
Dependent care benefits .....								
Retirement plans .....								
Passthrough adjustment to Form 1040 .....								
Penalty on early withdrawal of savings .....								
NOL .....								
Other taxes/recapture of credits .....								
Credits .....								
Casualty and theft loss .....								
<b>FORM 8995</b>								
Qualified business income .....								
Qualified service income .....								
Section 199A W-2 wages .....								
Section 199A unadjusted basis .....								

Form **8960****Net Investment Income Tax -  
Individuals, Estates, and Trusts**

OMB No. 1545-2227

**2023**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.Attachment  
Sequence No. **72**

Name(s) shown on your tax return

**RUDOLPH W. GIULIANI****Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>
<b>3</b>	Annuities (see instructions)		<b>3</b>
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	<b>4a</b>	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) <b>Statement 6</b>	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b		<b>4c</b>
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c		<b>5d</b>
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>
<b>7</b>	Other modifications to investment income (see instructions) <b>See Statement 7</b>		<b>7</b>
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>	
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c		<b>9d</b>
<b>10</b>	Additional modifications (see instructions)		<b>10</b>
<b>11</b>	Total deductions and modifications. Add lines 9d and 10		<b>11</b>

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-		<b>12</b>
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		<b>17</b>
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and charitable deductions (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		<b>21</b>

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2023)

**Worksheet for NOL Deduction****2023**

Name(s) as shown on return

Social Security Number

**RUDOLPH W. GIULIANI****USE YOUR 2023 FORM 1040 TO COMPLETE THE WORKSHEET:**

1. Enter as a positive number the NOL carryover NOT subject to 80% of taxable income limit
2. Enter as a positive number the NOL carryover subject to 80% of taxable income limit
3. Total NOL carryover
4. Taxable income before the NOL deduction
5. NOL carryover NOT subject to 80% of taxable income limit
6. Subtract line 5 from line 4 (but not less than zero)
7. Multiply line 6 by 80%
8. Enter the lesser of lines 2 or 7. This is the deductible amount of the NOL carryovers reported on line 2
9. Enter the amount from line 1
10. NOL deduction. Add lines 8 and 9. Enter on Schedule 1, line 8a

**TAXABLE INCOME WITHOUT THE NOL DEDUCTION:**

11. Enter the amounts from Form 1040, lines 1z, 2b, 3b, 4b, 5b and 7
12. Enter the taxable social security benefits
13. Enter the amount from Schedule 1, lines 1, 2a, 4 and 7
14. Enter the amount from Schedule 1, line 3
15. Enter the amount from Schedule 1, line 5
16. Enter the amount from Schedule 1, line 6
17. Enter the amount from Schedule 1, line 9
18. Add lines 11 through 17. This is your total income calculated without regard to NOLs
19. Enter the amounts from Schedule 1, lines 11 through 19a and other adjustments
20. Enter the IRA deduction
21. Enter the student loan interest deduction
22. Enter the Archer MSA deduction
23. Adjusted gross income without regard to the NOL deduction. Subtract lines 19 through 22 from line 18
24. Enter the amount from Schedule A, line 4
25. Enter the amount from Schedule A, line 7
26. Enter the amount from schedule A, lines 10 and 16
27. Enter the amount from Schedule A, line 14
28. Enter the amount from Schedule A, line 15
29. Enter the larger of the standard deduction or the sum of lines 24 through 28
30. Enter the capital construction fund and other deductions
31. Taxable income without regard to the NOL and qualified business income deductions. Subtract lines 29 through 30 from line 23. If zero or less, enter 0. Enter on line 4 above



AMT NOL											Detail AMT NOL Carryover Worksheet		2023	
Name(s)											Social Security Number			
RUDOLPH W. GIULIANI											[REDACTED]			
Year Carried From	Amount Available for Carryover	Amount Used in 2023	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in		
*2022	[REDACTED]	[REDACTED]												
Totals	[REDACTED]	[REDACTED]												
<div style="display: flex; justify-content: space-between;"> <div> <p>Total amount available for carryover</p> <p>Less total amounts used</p> <p>Less total amounts expired</p> <p>Remaining carryover</p> </div> <div style="text-align: right;"> <p>0.</p> <p>0.</p> </div> <div> <p>* Sec. 461 Carryover</p> </div> </div>														


RUDOLPH W. GIULIANI



Form 1040

IRA Distributions

Statement 1

Name of Payer	Gross Distribution	Taxable Amount
PERSHING LLC		
Total to Form 1040, lines 4a and 4b		



RUDOLPH W. GIULIANI

Form 1040

Social Security Benefits Worksheet

Statement 2

Check only one box:

- ☒ A. Single, Head of household, or Qualifying surviving spouse  
☐ B. Married filing jointly  
☐ C. Married filing separately and lived with your spouse at any time during 2023  
☐ D. Married filing separately and lived apart from your spouse for all of 2023

1. Enter the total amount from Box 5 of all your Forms SSA-1099 and RRB-1099. Also, enter this amount on Form 1040, line 6a  
     If you checked Box B: Taxpayer amount  
   Spouse amount
2. Multiply line 1 by 50% (0.50)
3. Add the amounts on Form 1040, lines 1z, 2a, 2b, 3b, 4b, 5b, 7 and 8. If filing Form 8815, don't include the amount from line 2b. Instead, use the amount from Schedule B, line 2. Do not include any amounts from box 5 of Forms SSA-1099 or RRB-1099
4. Enter the amount of any exclusions from foreign earned income, foreign housing, income from U.S. possessions, or income from Puerto Rico by bona fide residents of Puerto Rico that you claimed
5. Add lines 2, 3, and 4
6. Add the amounts from Schedule 1, lines 11 through 20, and 23 and 25
7. Subtract line 6 from line 5
8. Enter:     \$25000. if you checked Box A or D, or  
               \$32000. if you checked Box B, or  
               \$-0-     if you checked Box C
9. Is the amount on line 8 less than the amount on line 7?  
     [ ] No. Stop. None of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2023, be sure you entered 'D' to the right of the word "benefits" on line 6a.  
     [X] Yes. Subtract line 8 from line 7
10. Enter \$9000. if you checked Box A or D,  
        \$12000. if you checked Box B  
        \$-0-     if you checked Box C
11. Subtract line 10 from line 9. If zero or less, enter -0-
12. Enter the smaller of line 9 or line 10
13. Enter one half of line 12
14. Enter the smaller of line 2 or line 13
15. Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-
16. Add lines 14 and 15
17. Multiply line 1 by 85% (.85)
18. Taxable benefits. Enter the smaller of line 16 or line 17

\* Also enter this amount on Form 1040, line 6b



RUDOLPH W. GIULIANI

Schedule 1	Miscellaneous Income	Statement 3
Description		Amount
PERSONAL SECURITY RECEIVED		
Total to Schedule 1, line 8z		

Schedule D	Net Long-Term Gain or Loss from Partnerships, S Corporations, and Fiduciaries	Statement 4
Description of Activity	Gain or Loss	28% Gain
GIULIANI & COMPANY LLC		
Total to Schedule D, Part II, line 12		

Schedule D	Capital Loss Carryover	Statement 5
1. Enter the amount from Form 1040, line 15		
2. Enter the loss from Schedule D, line 21, as a positive amount		
3. Combine lines 1 and 2. If zero or less, enter -0-		
4. Enter the smaller of line 2 or line 3		
5. Enter the loss from Schedule D, line 7, as a positive amount		
6. Enter the gain, if any, from Schedule D, line 15		
7. Add lines 4 and 6		
8. Short-term capital loss carryover to next year. Subtract line 7 from line 5. If zero or less, enter -0-		
9. Enter the loss from Schedule D, line 15, as a positive amount		
10. Enter the gain, if any, from Schedule D, line 7		
11. Subtract line 5 from line 4. If zero or less, enter -0-		
12. Add lines 10 and 11		
13. Long-term capital loss carryover to next year. Subtract line 12 from line 9. If zero or less, enter -0-		

RUDOLPH W. GIULIANI

[REDACTED]

Form 8960	Trade or Business Income	Statement 6
-----------	--------------------------	-------------

GIULIANI & COMPANY LLC  
GIULIANI COMMUNICATIONS LLC

[REDACTED]

Amount to Form 8960, line 4B

[REDACTED]

Form 8960	Other Modifications to Investment Income	Statement 7
-----------	--	-------------

PERSONAL SECURITY RECEIVED

[REDACTED]

Amount to Form 8960, line 7

[REDACTED]

EXHIBIT “15”

# February 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 X	2 X	3 X
4 X	5 X	6 X	7 Defendant gives testimony via Zoom in Bankruptcy Court, Section 341 hearing. New York	8 New York	9 New York	10 New York
11 New York	12 Palm Beach	13 Palm Beach	14 Palm Beach	15 Palm Beach	16 Palm Beach	17 Palm Beach
18 Palm Beach	19 Palm Beach	20 Palm Beach	21 Palm Beach	22 Palm Beach	23 Palm Beach	24 Palm Beach
25 Palm Beach	26 Palm Beach	27 Palm Beach	28 Palm Beach	29 Palm Beach		

# March 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Palm Beach	2 Palm Beach
3 Palm Beach	4 New York	5 New York	6 New York	7 New York	8 New York	9 New York
10 New York	11 Palm Beach	12 Palm Beach	13 Palm Beach	14 Palm Beach	15 Palm Beach	16 Palm Beach
17 Palm Beach	18 Palm Beach	19 Palm Beach	20 Palm Beach	21 Palm Beach	22 Palm Beach	23 Palm Beach
24 Palm Beach	25 Palm Beach	26 Palm Beach	27 Palm Beach	28 Palm Beach	29 Palm Beach	30 Palm Beach
31 Palm Beach						

# April 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 New York	2 New York	3 New York	4 New York	5 New Hampshire	6 New Hampshire
7 New Hampshire	8 New Hampshire	9 New York	10 New York	11 Tulsa, Oklahoma	12 New York	13 New York
14 New York	15 New York	16 New York	17 New York	18 New York	19 New Hampshire	20 New Hampshire
21 New Hampshire	22 New York	23 New York	24 New York	25 New York	26 New York	27 New York
28 Palm Beach	29 Palm Beach	30 Palm Beach				

# May 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Palm Beach	2 Palm Beach	3 Palm Beach	4 Palm Beach
5 Palm Beach	6 Palm Beach	7 Palm Beach	8 Palm Beach	9 Palm Beach	10 Palm Beach	11 Palm Beach
12 Palm Beach	13 Palm Beach	14 Palm Beach	15 Palm Beach	16 Palm Beach	17 Palm Beach	18 Palm Beach
19 Palm Beach	20 Palm Beach	21 Palm Beach	22 Palm Beach	23 Palm Beach	24 Palm Beach	25 Palm Beach
26 Palm Beach	27 New York	28 New York	29 New York	30 New York	31 New York	

# June 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 New York
2 New York	3 New York	4 New York	5 New York	6 New York	7 Michigan	8 Michigan
9 Michigan	10 Arizona	11 New York	12 New York	13 New York	14 New York	15 New York
16 New York	17 New York	18 New Hampshire	19 New Hampshire	20 New Hampshire	21 New Hampshire	22 New Hampshire
23 New Hampshire	24 New Hampshire	25 New Hampshire	26 New Hampshire	27 New Hampshire	28 New Hampshire	29 New Hampshire
30 New Hampshire						



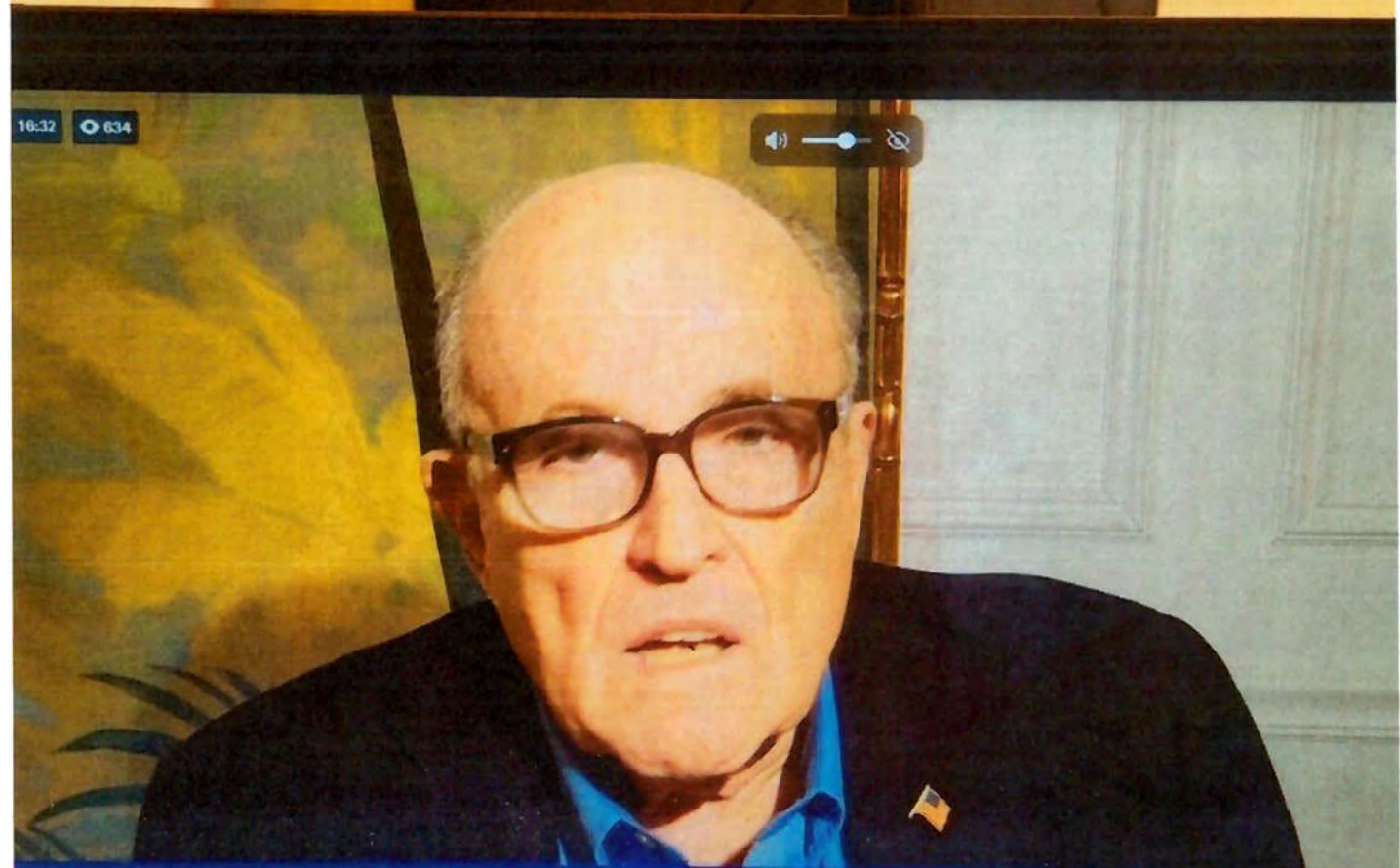
# July 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 New Hampshire	2 New Hampshire	3 New Hampshire	4 New Hampshire	5 New Hampshire	6 New Hampshire
7 New Hampshire	8 New Hampshire	9 New Hampshire	10 New Hampshire	11 New Hampshire	12 New Hampshire	13 New Hampshire
14 New York/Milwaukee	15 Milwaukee	16 Milwaukee	17 Milwaukee	18 Milwaukee	19 Milwaukee	20 Milwaukee
21 New Hampshire	22 New Hampshire	23 New Hampshire	24 New Hampshire	25 New Hampshire	26 Paris	27 Paris
28 Paris	29 London	30 Paris/London	31 Paris/London			

# August 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Paris	2 New Hampshire	3 New Hampshire	
4 New Hampshire	5 New Hampshire	6 New Hampshire	7 New Hampshire	8 New Hampshire	9 X	10 X
11 X	12 X	13 X	14 X	15 X	16 X	17 X
18 X	19 X	20 X	21 X	22 X	23 X	24 X
25 X	26 X	27 X	28 X	29 X	30 X	31 X

EXHIBIT “16”



**The Democrat Party & NIMBYs**

# Add tag

America's Mayor Live (E316): Monday, January 8, 2024

this evening, including the secret hospitalization of U.S. Defense Secretary Lloyd

**January 8, 2024 8:17 PM**

[Edit](#)

20240108\_201701.jpg

/Internal storage/DCIM/Camera

**Samsung SM-F936U**

1.50 MB | 4000x2252 | 9MP

ISO 80 | 23mm | 0.0ev | F1.8 | 1/120 s





# Add tag

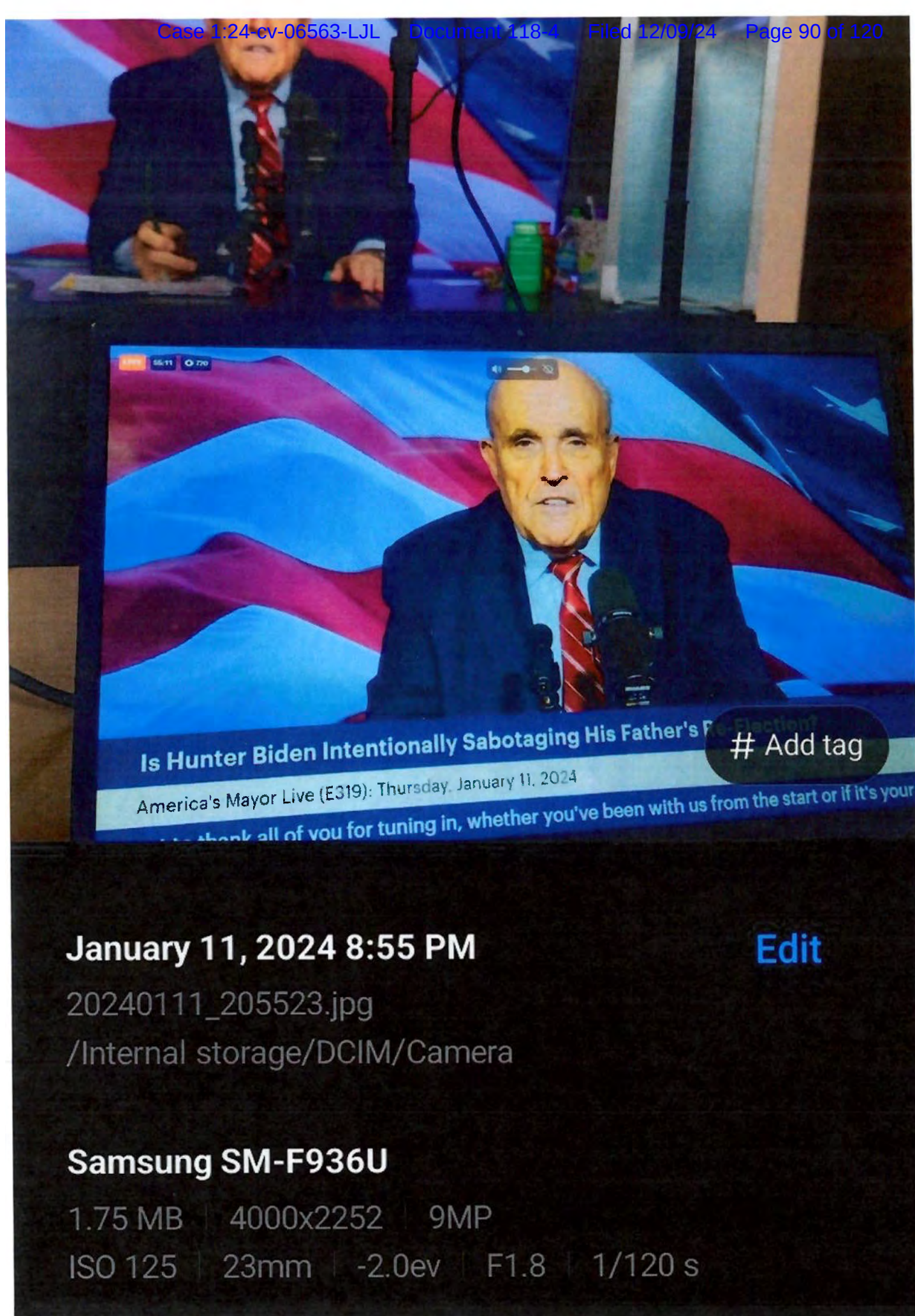
**January 9, 2024 10:04 PM**

[Edit](#)

20240109\_220400.jpg

/Internal storage/DCIM/Camera





January 11, 2024 8:55 PM

Edit

20240111\_205523.jpg

/Internal storage/DCIM/Camera

Samsung SM-F936U

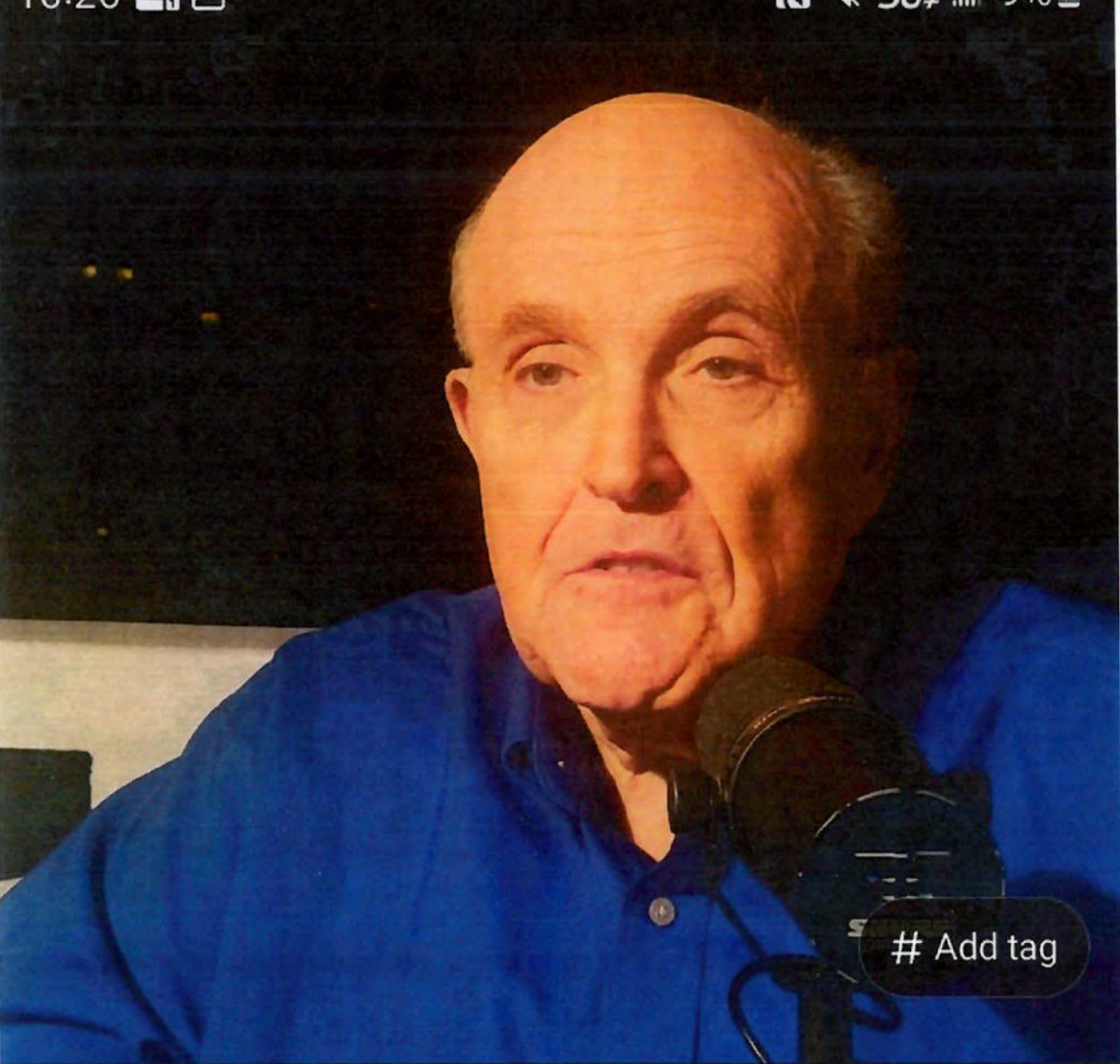
1.75 MB | 4000x2252 | 9MP

ISO 125 | 23mm | -2.0ev | F1.8 | 1/120 s



10:26

5G+ 9%



February 12, 2024 8:15 PM

Edit

20240212\_201537.jpg

/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

5.66 MB | 4000x2252 | 9MP

ISO 200 | 23mm | -2.0ev | F1.8 | 1/120 s





# Add tag

**February 21, 2024 3:28 PM**

[Edit](#)

20240221\_152844.jpg

/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

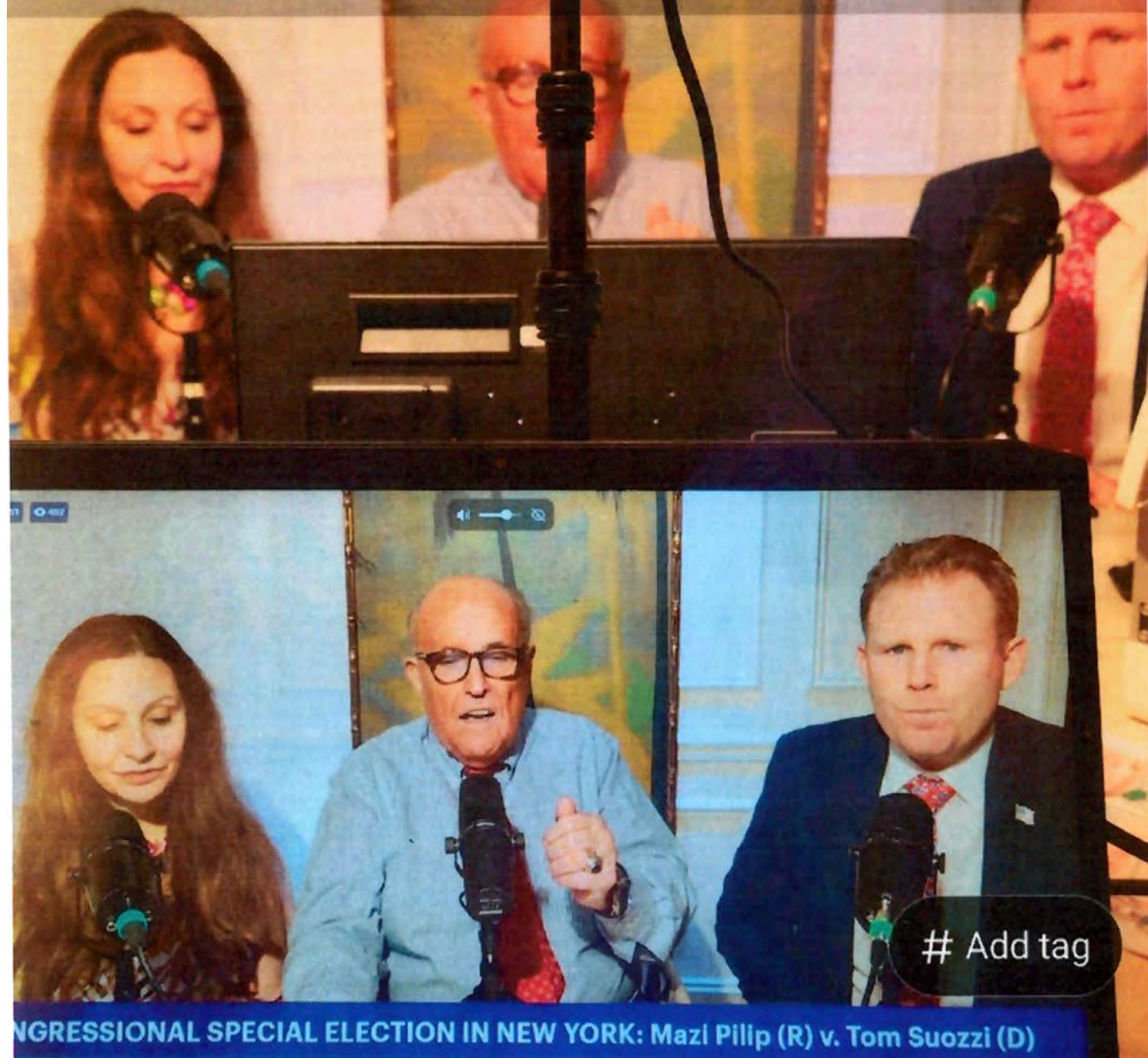
5.45 MB | 4000x2252 | 9MP

ISO 160 | 23mm | -2.0ev | F1.8 | 1/180 s



10:26

5G+ 9%



February 13, 2024 8:09 PM

[Edit](#)

20240213\_200913.jpg

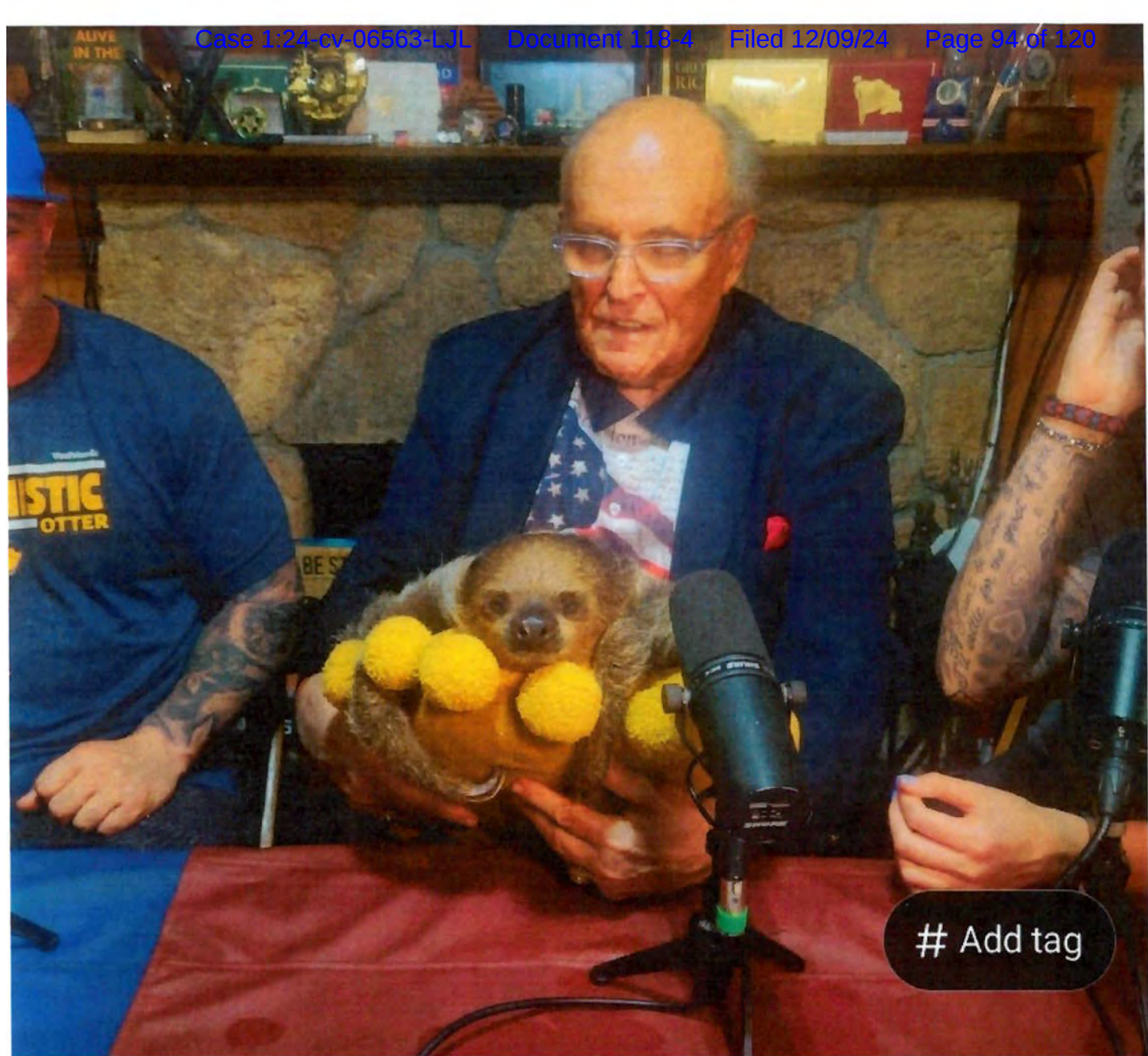
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

5.99 MB | 4000x2252 | 9MP

ISO 100 | 23mm | 0.0ev | F1.8 | 1/120 s





**February 15, 2024 9:26 PM**

[Edit](#)

20240215\_212631.jpg

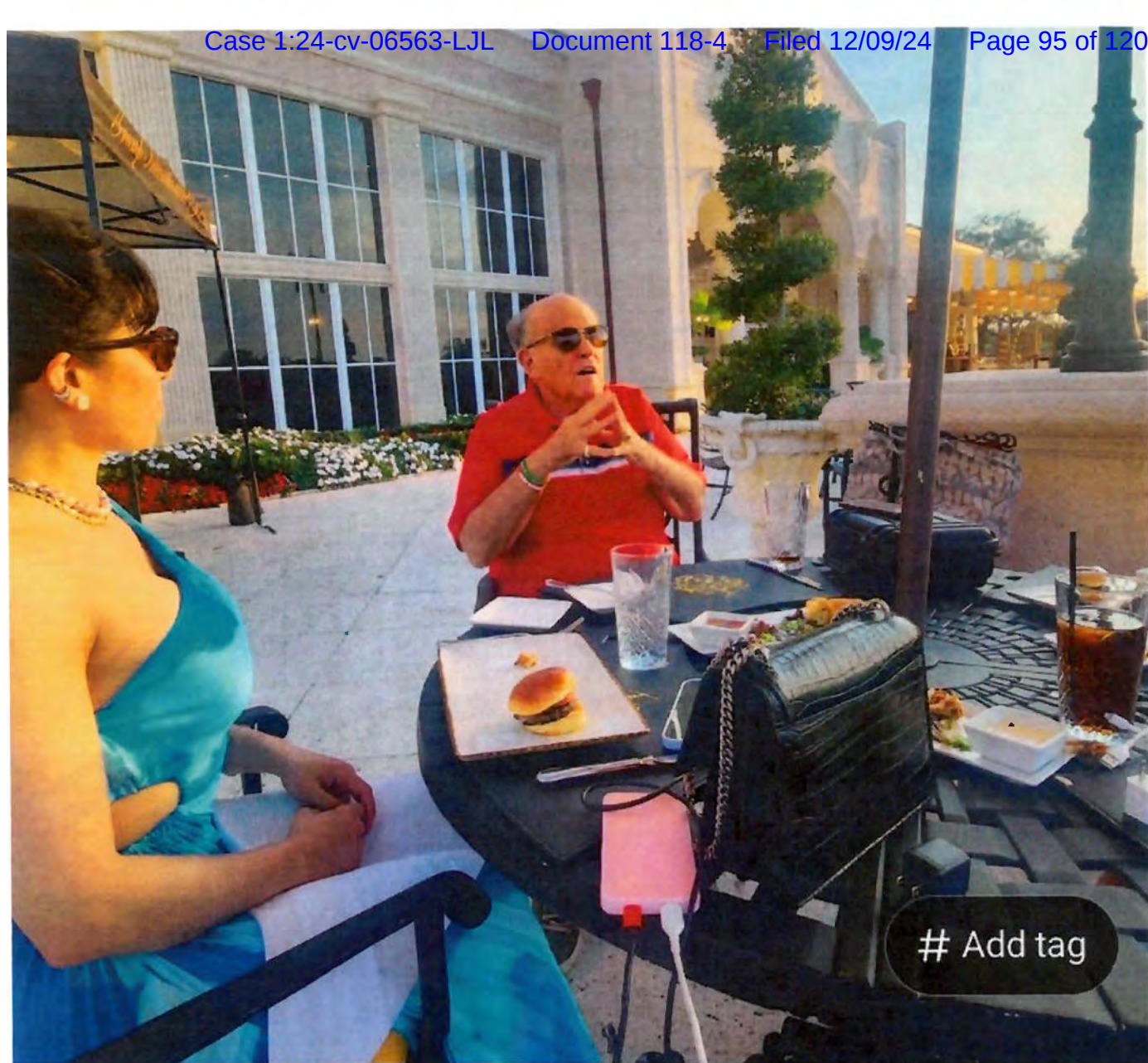
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.30 MB | 4000x2252 | 9MP

ISO 50 | 23mm | -2.0ev | F1.8 | 1/120 s





# Add tag

February 17, 2024 5:37 PM

[Edit](#)

20240217\_173712.jpg

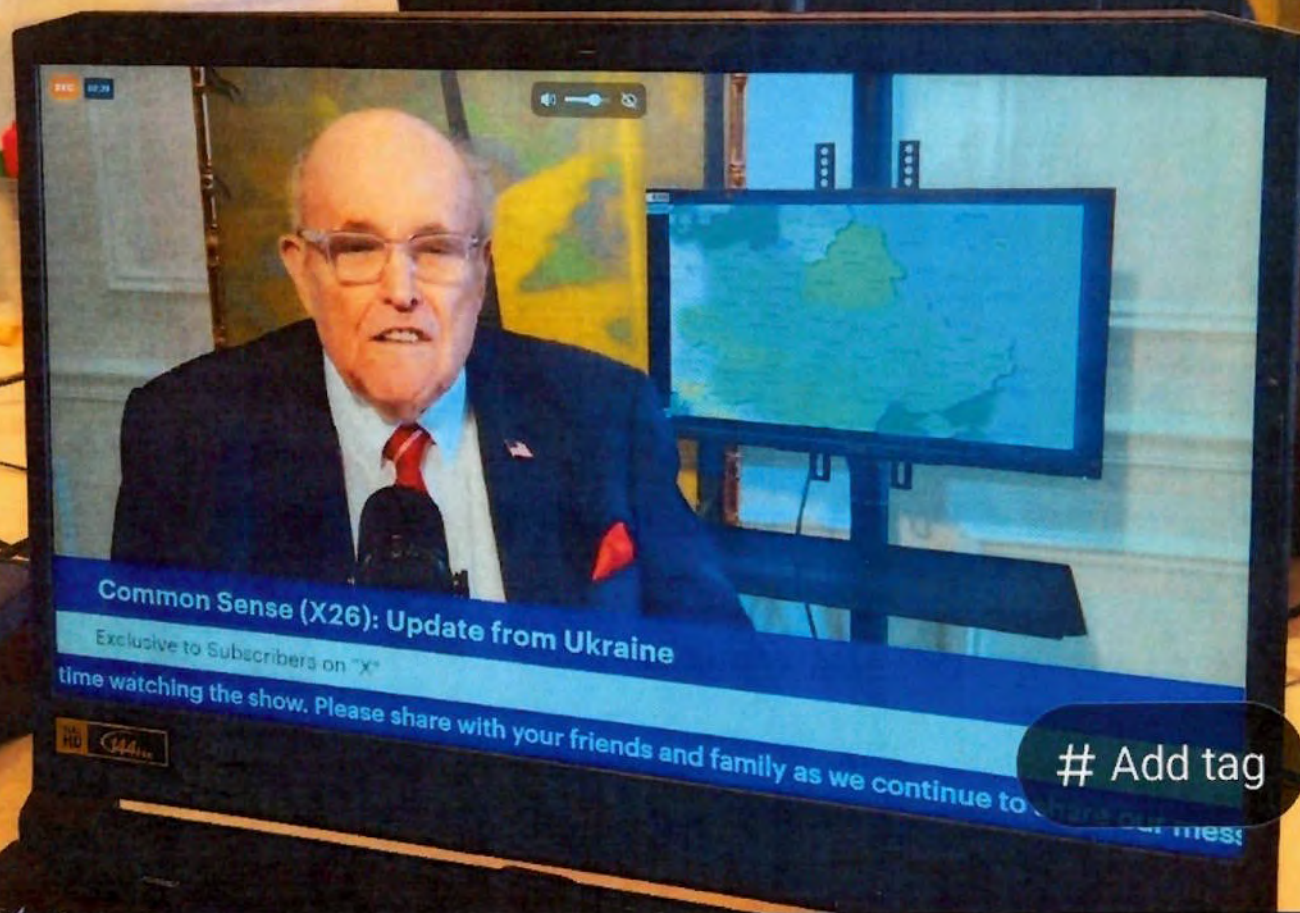
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.60 MB | 4000x2252 | 9MP

ISO 32 | 13mm | 0.0ev | F2.2 | 1/163 s





**March 2, 2024 2:00 PM**

[Edit](#)

20240302\_140016.jpg

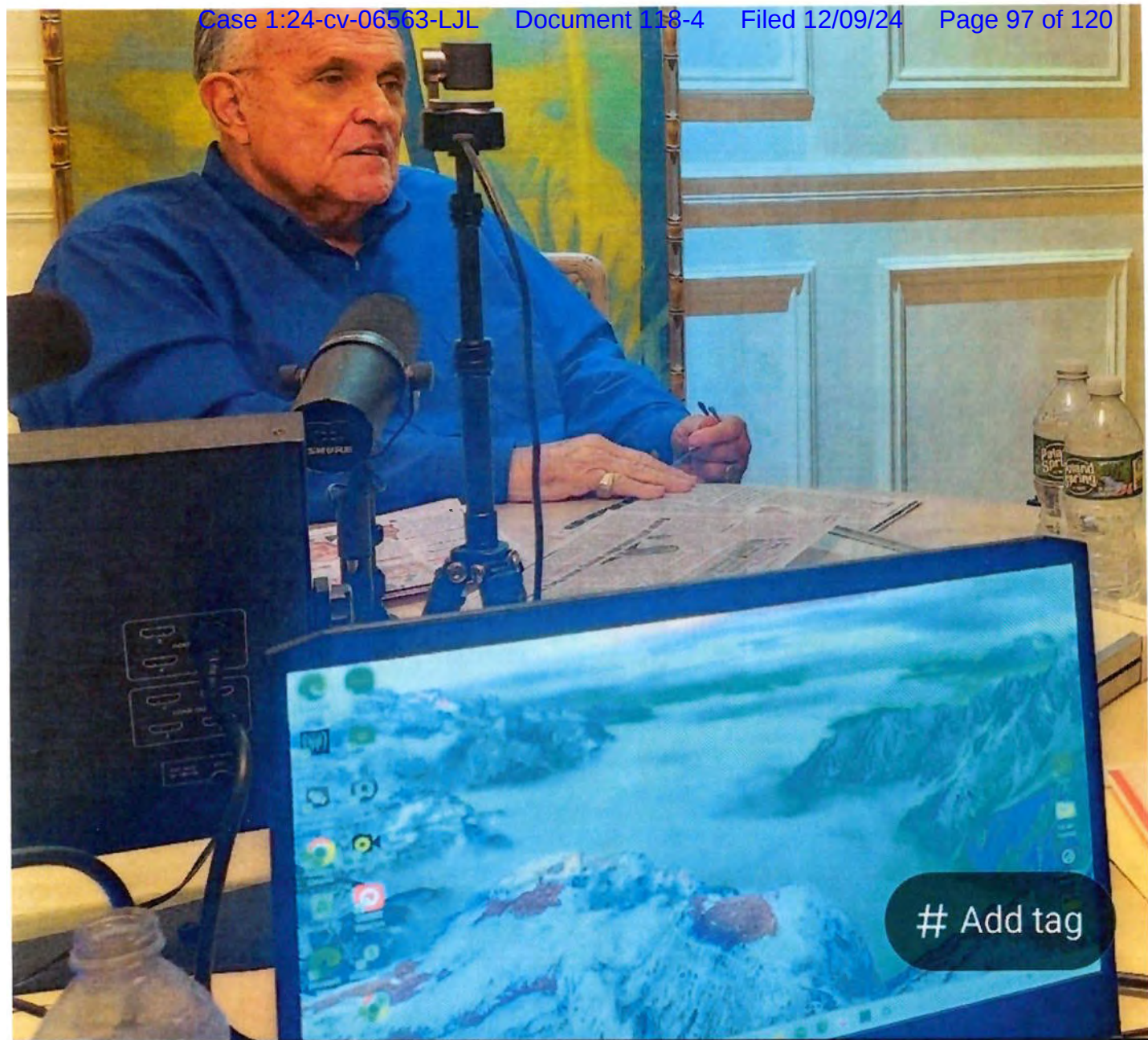
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.20 MB | 4000x2252 | 9MP

ISO 200 | 23mm | 0.0ev | F1.8 | 1/120 s





**March 11, 2024 9:30 PM**

[Edit](#)

20240311\_213025.jpg

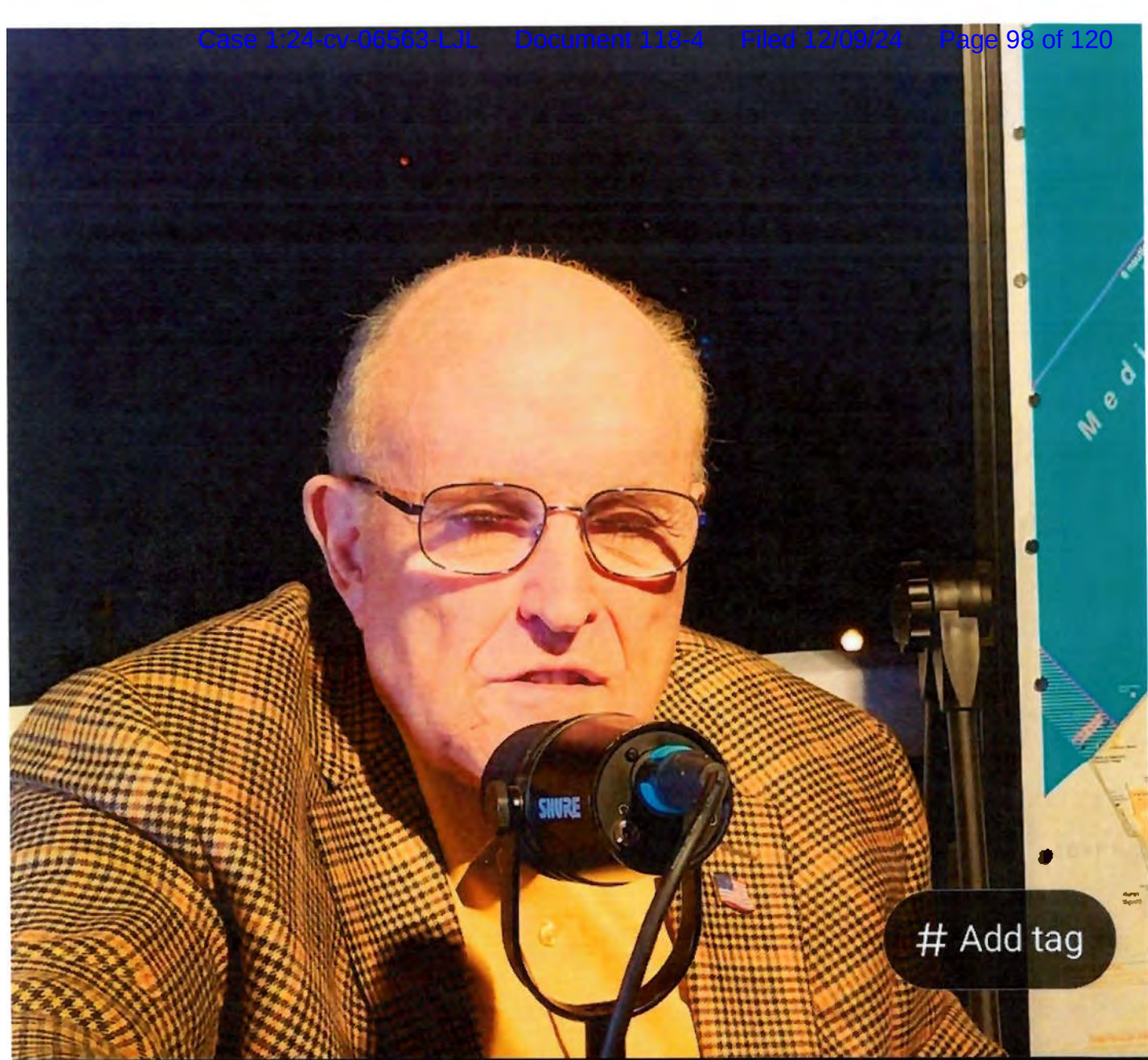
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

3.83 MB | 1999x1620 | 3MP

ISO 800 | 23mm | 0.0ev | F1.8 | 1/60 s





# Add tag

**March 12, 2024 8:08 PM**

[Edit](#)

20240312\_200830.jpg

/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

5.79 MB | 4000x2252 | 9MP

ISO 160 | 23mm | 0.0ev | F1.8 | 1/180 s





# Add tag

**March 13, 2024 3:05 PM**

[Edit](#)

20240313\_150556.jpg

/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.18 MB | 4000x2252 | 9MP

ISO 500 | 23mm | 0.0ev | F1.8 | 1/120 s





**March 15, 2024 8:09 PM**

Edit

20240315\_200944.jpg

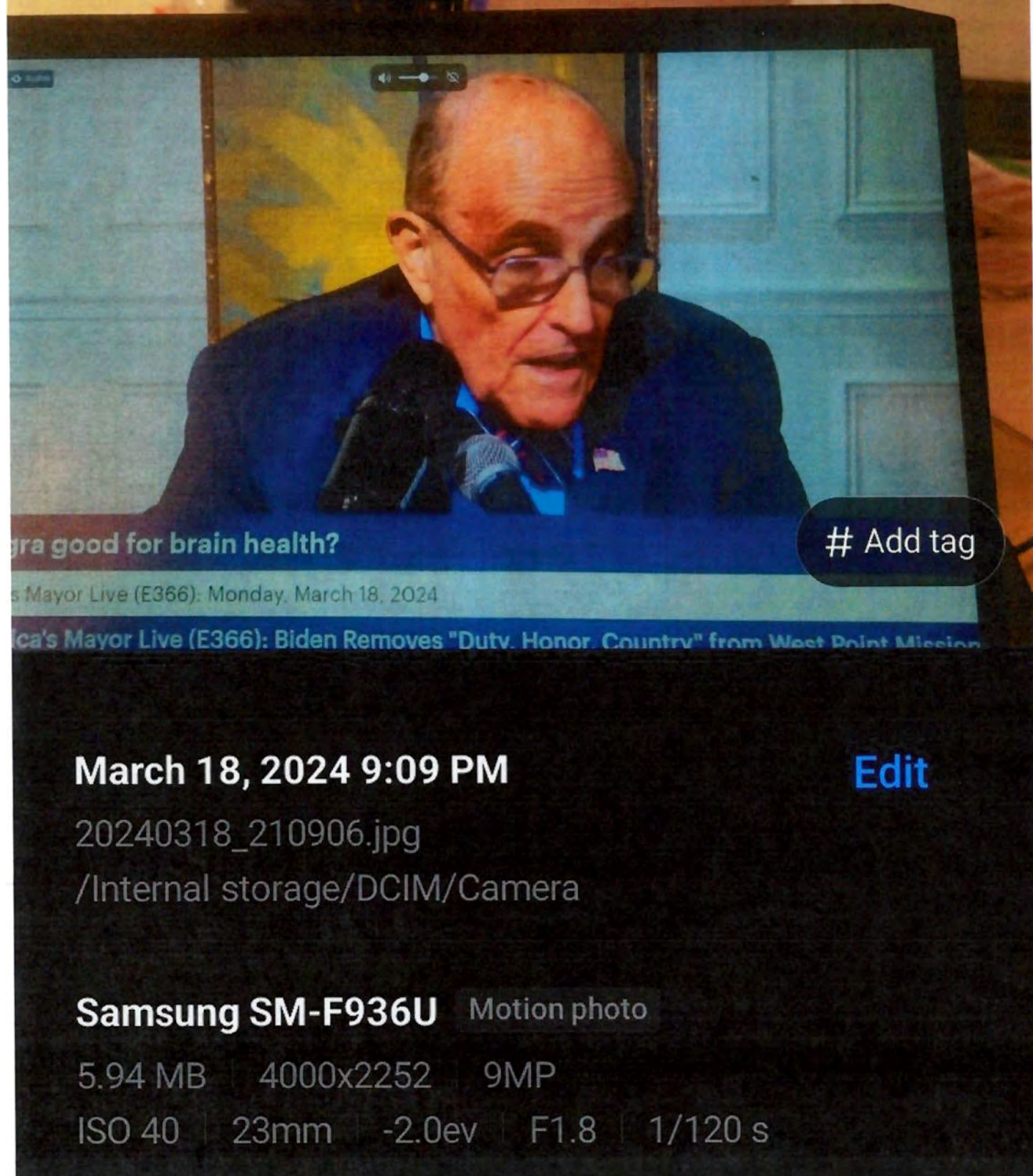
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.03 MB | 4000x2252 | 9MP

ISO 100 23mm 0.0ev F1.8 1/120 s





gra good for brain health?

# Add tag

s Mayor Live (E366): Monday, March 18, 2024

ica's Mayor Live (E366): Biden Removes "Duty, Honor, Country" from West Point Mission

**March 18, 2024 9:09 PM**

[Edit](#)

20240318\_210906.jpg

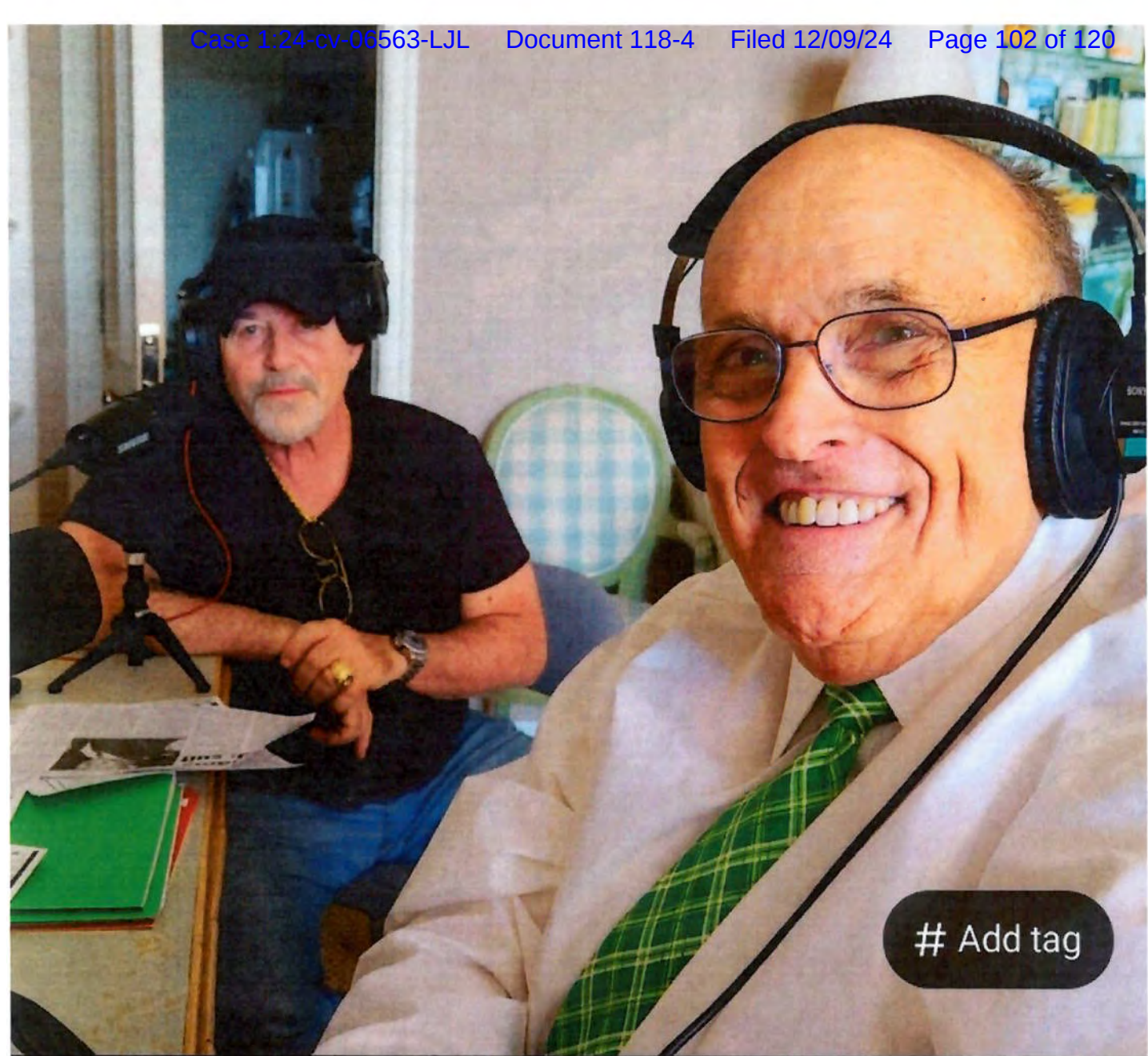
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

5.94 MB | 4000x2252 | 9MP

ISO 40 | 23mm | -2.0ev | F1.8 | 1/120 s





# Add tag

**March 19, 2024 3:23 PM**

[Edit](#)

20240319\_152322.jpg

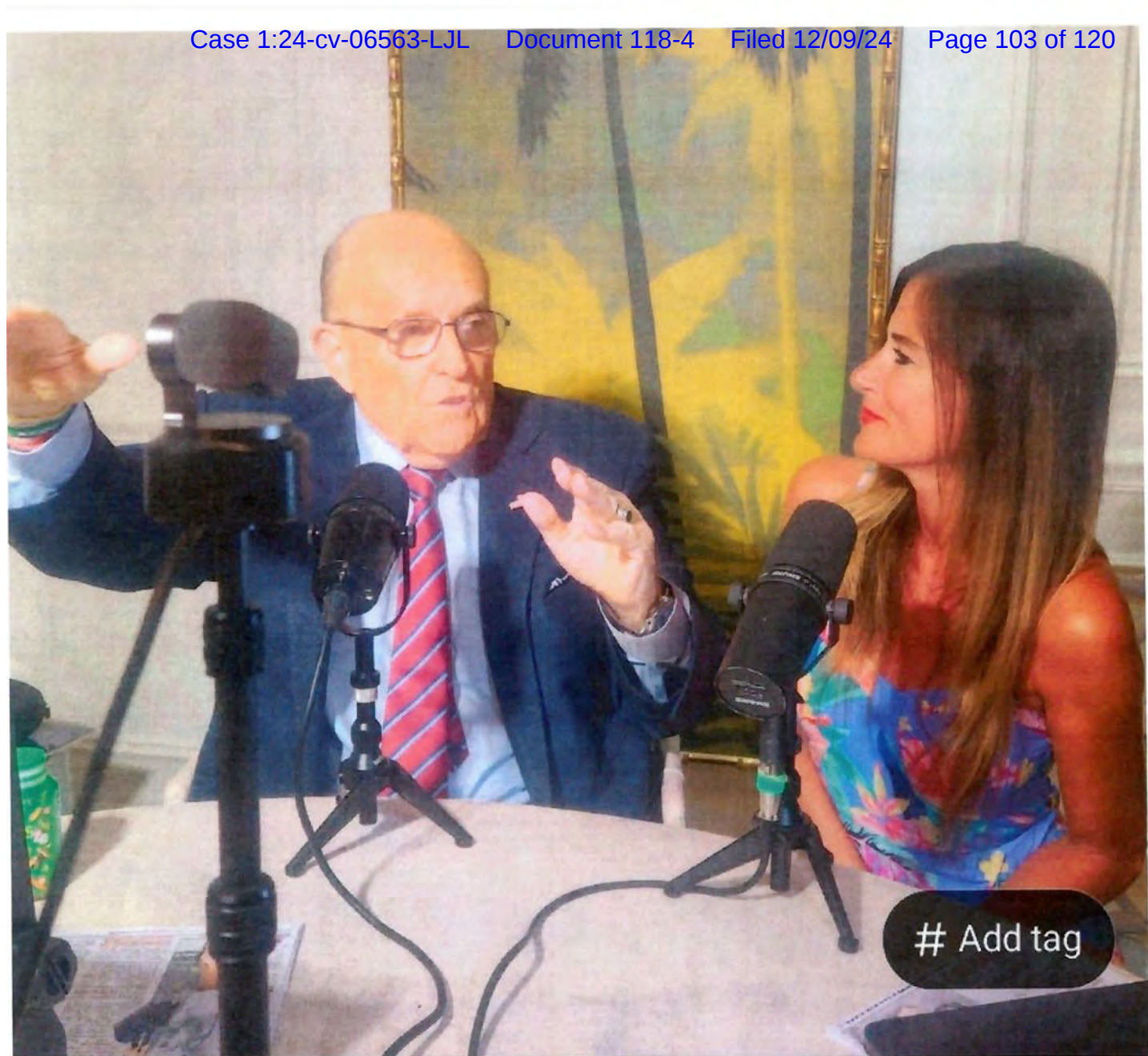
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.58 MB | 4000x2252 | 9MP

ISO 250 | 23mm | 0.0ev | F1.8 | 1/120 s





**March 20, 2024 9:22 PM**

[Edit](#)

20240320\_212246.jpg

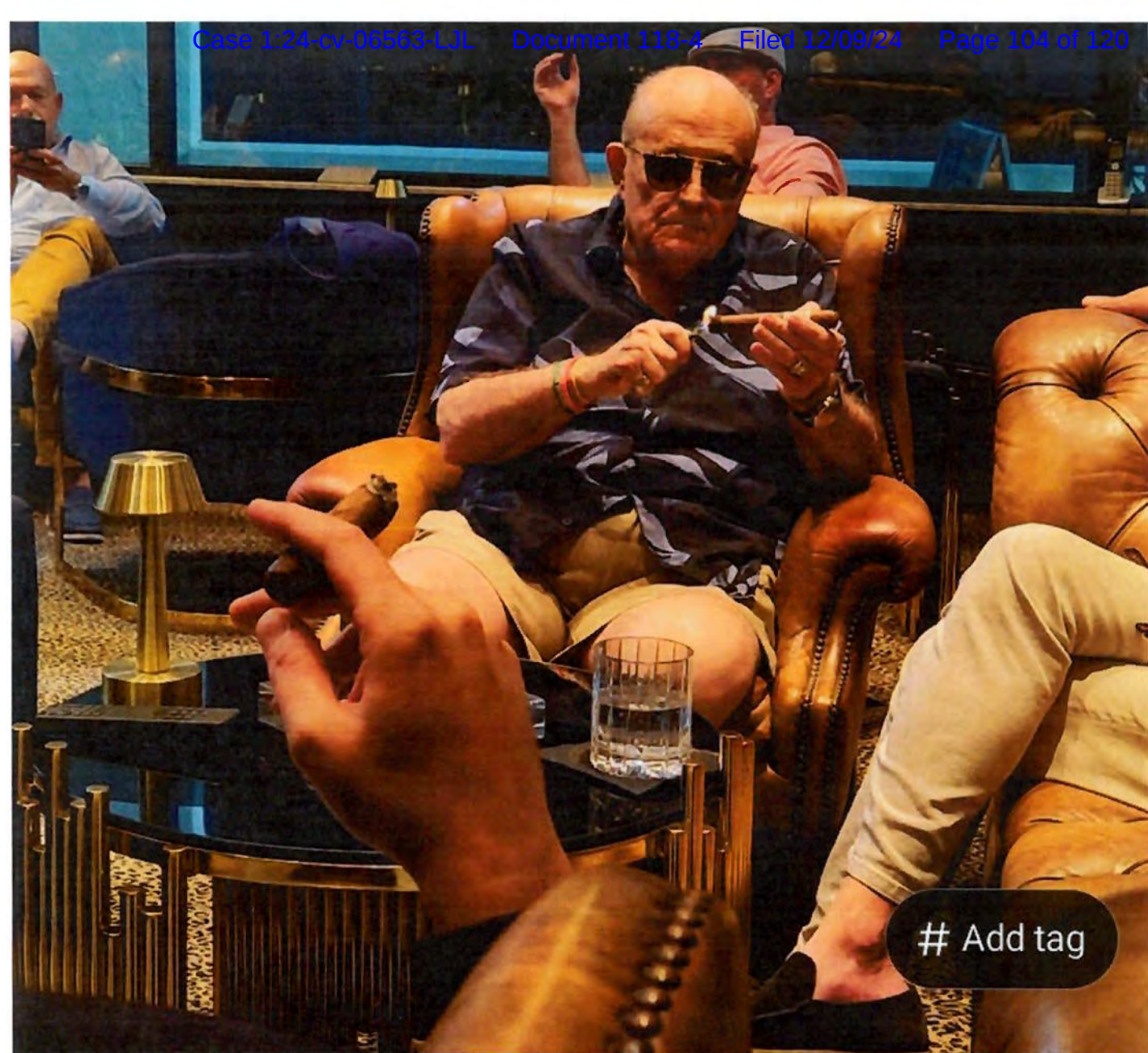
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.04 MB | 4000x2252 | 9MP

ISO 200 | 23mm | 0.0ev | F1.8 | 1/120 s





# Add tag

March 21, 2024 5:05 PM

Edit

20240321\_170520.jpg

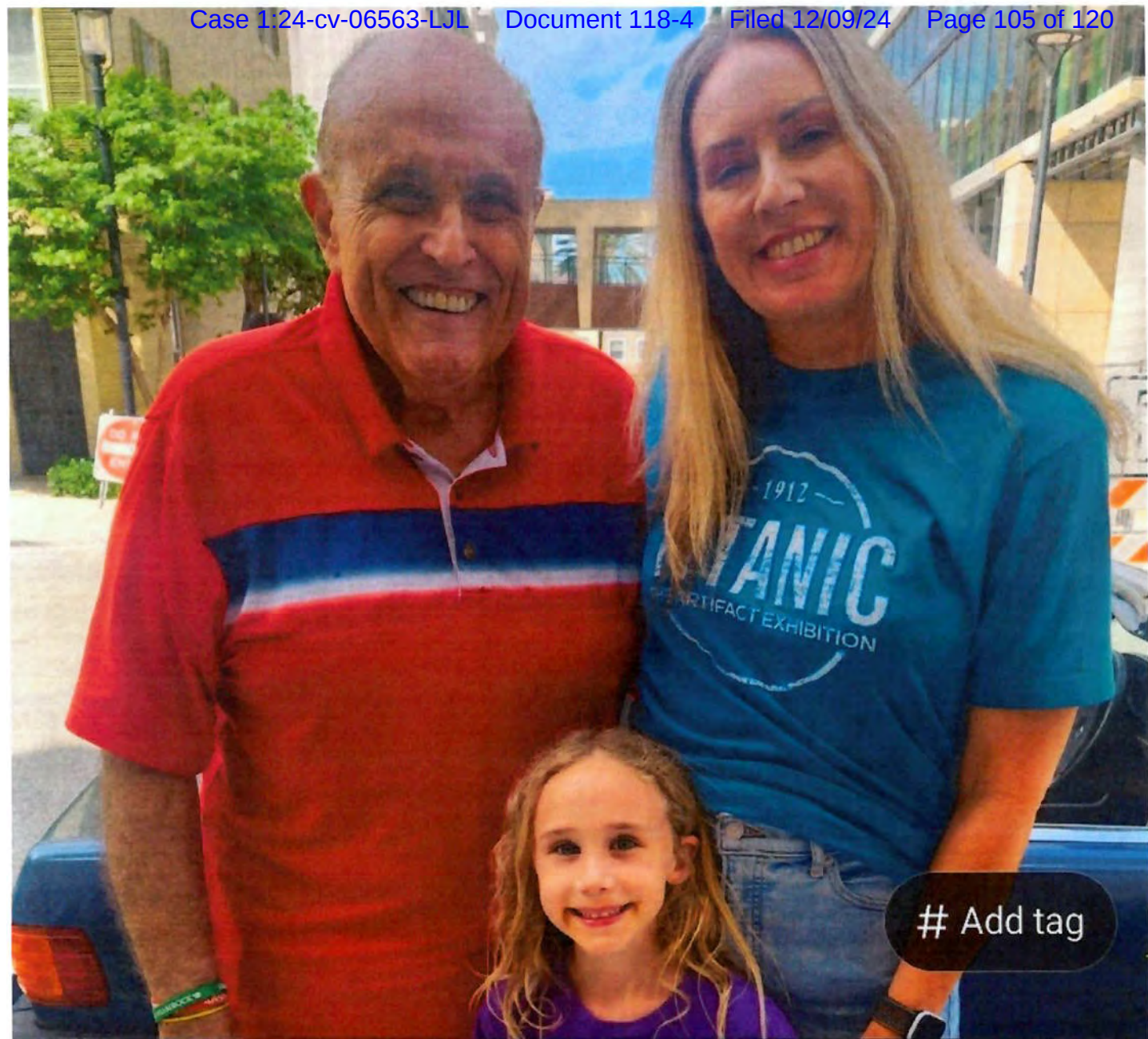
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

5.81 MB | 4000x2252 | 9MP

ISO 200 | 23mm | -2.0ev | F1.8 | 1/120 s





**March 23, 2024 4:01 PM**

[Edit](#)

20240323\_160146.jpg

/Internal storage/DCIM/Camera

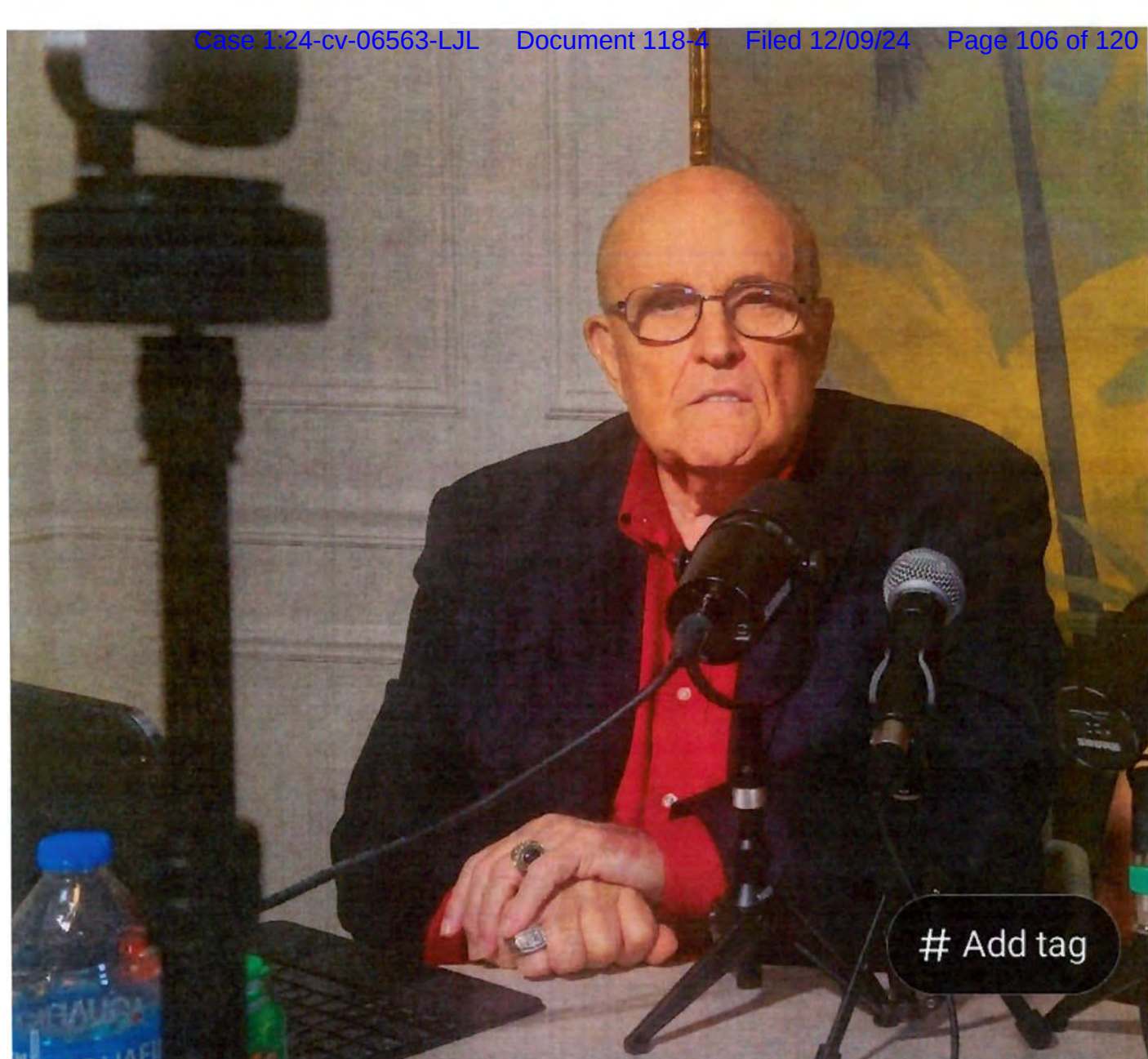
**Samsung SM-F936U**

Motion photo

6.23 MB | 2252x4000 | 9MP

ISO 20 | 23mm | 0.0ev | F1.8 | 1/424 s





# Add tag

**March 25, 2024 9:55 PM**

[Edit](#)

20240325\_205520.jpg

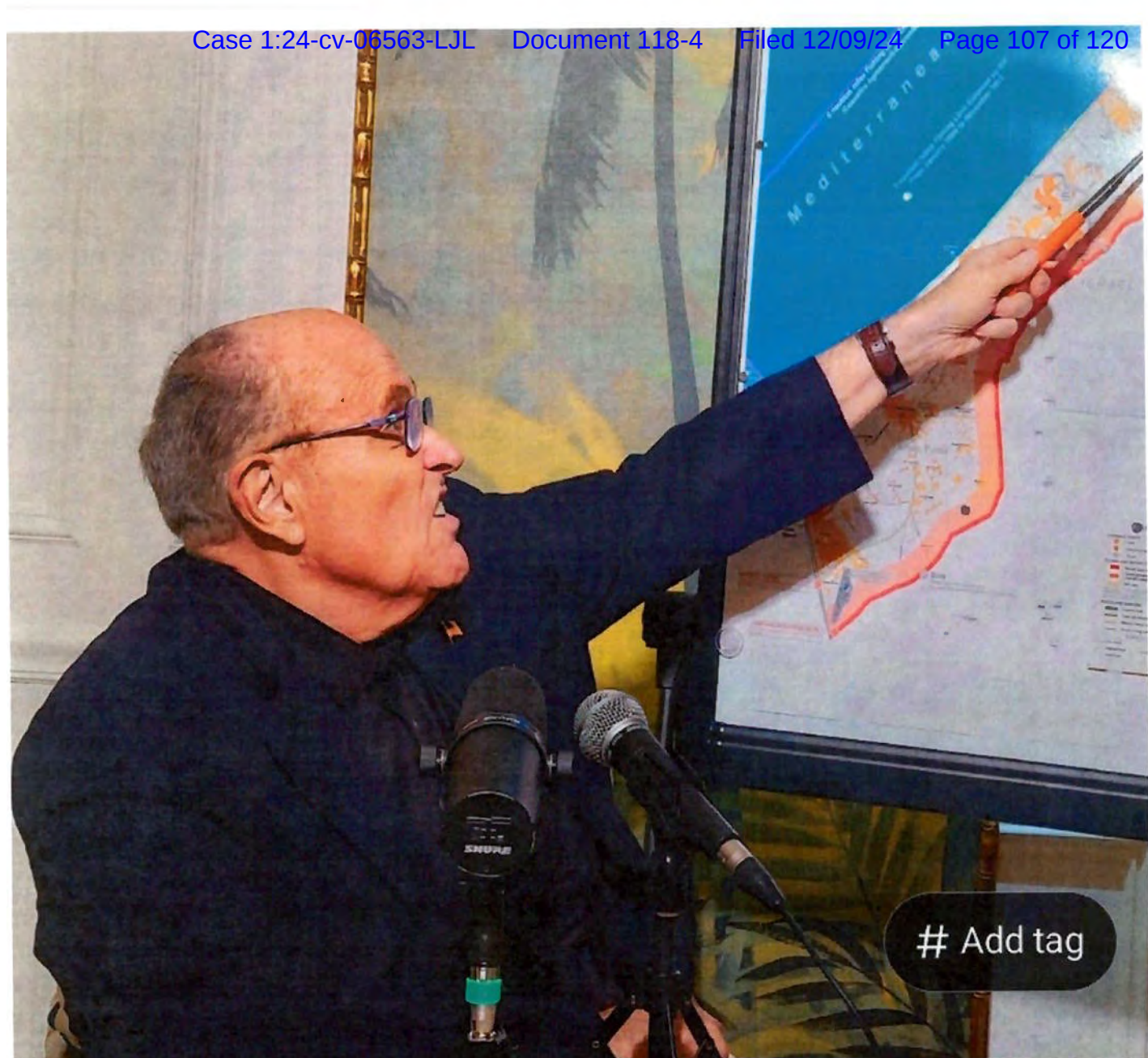
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

3.83 MB | 2301x2252 | 5MP

ISO 40 | 23mm | -2.0ev | F1.8 | 1/120 s





# Add tag

March 26, 2024 9:33 PM

[Edit](#)

20240326\_213314.jpg

/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

5.30 MB | 4000x2252 | 9MP

ISO 160 | 23mm | 0.0ev | F1.8 | 1/120 s





**March 27, 2024 9:32 PM**

[Edit](#)

20240327\_213210.jpg

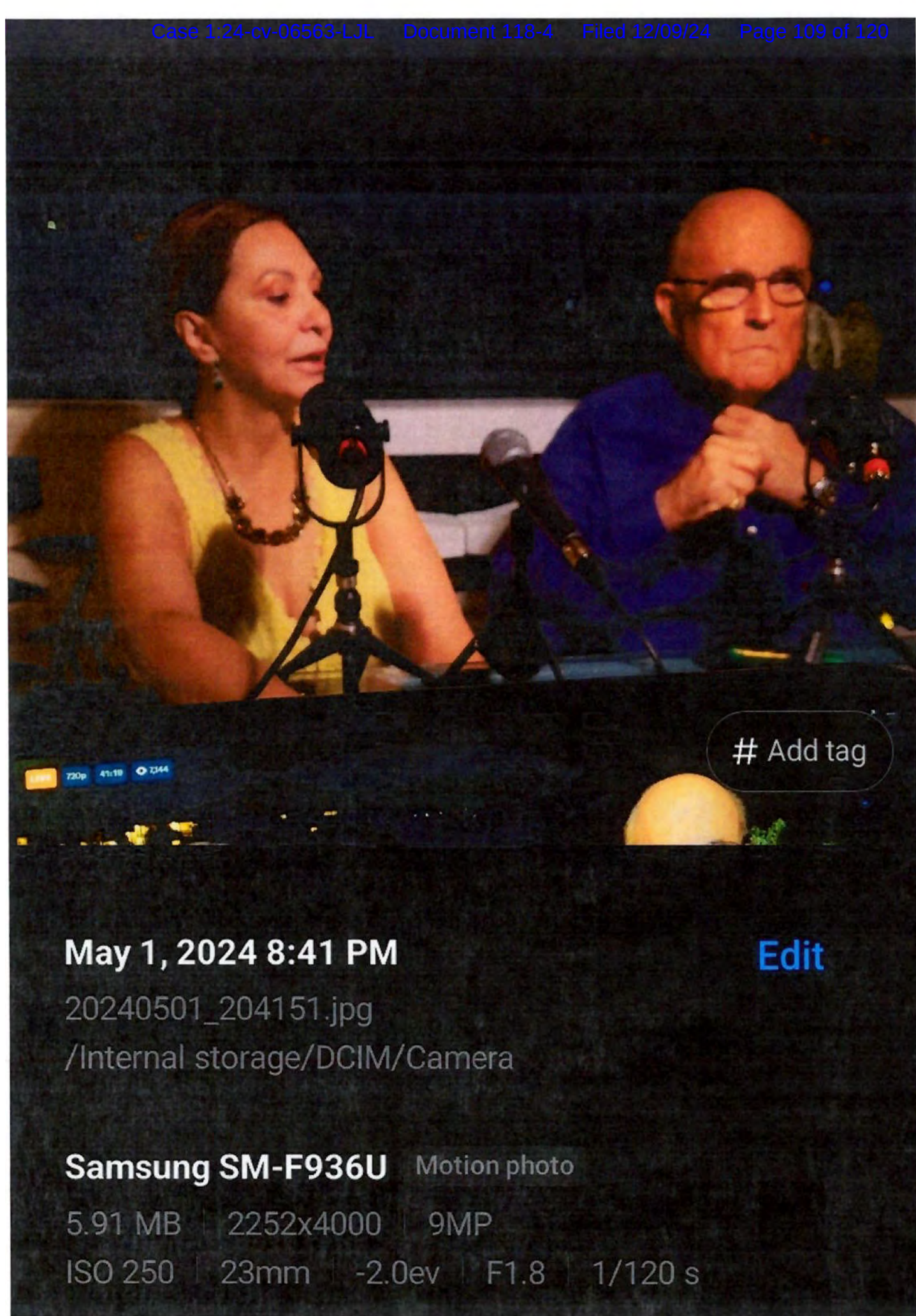
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

5.87 MB | 2252x4000 | 9MP

ISO 64 | 23mm | -1.7ev | F1.8 | 1/120 s





# Add tag

May 1, 2024 8:41 PM

Edit

20240501\_204151.jpg

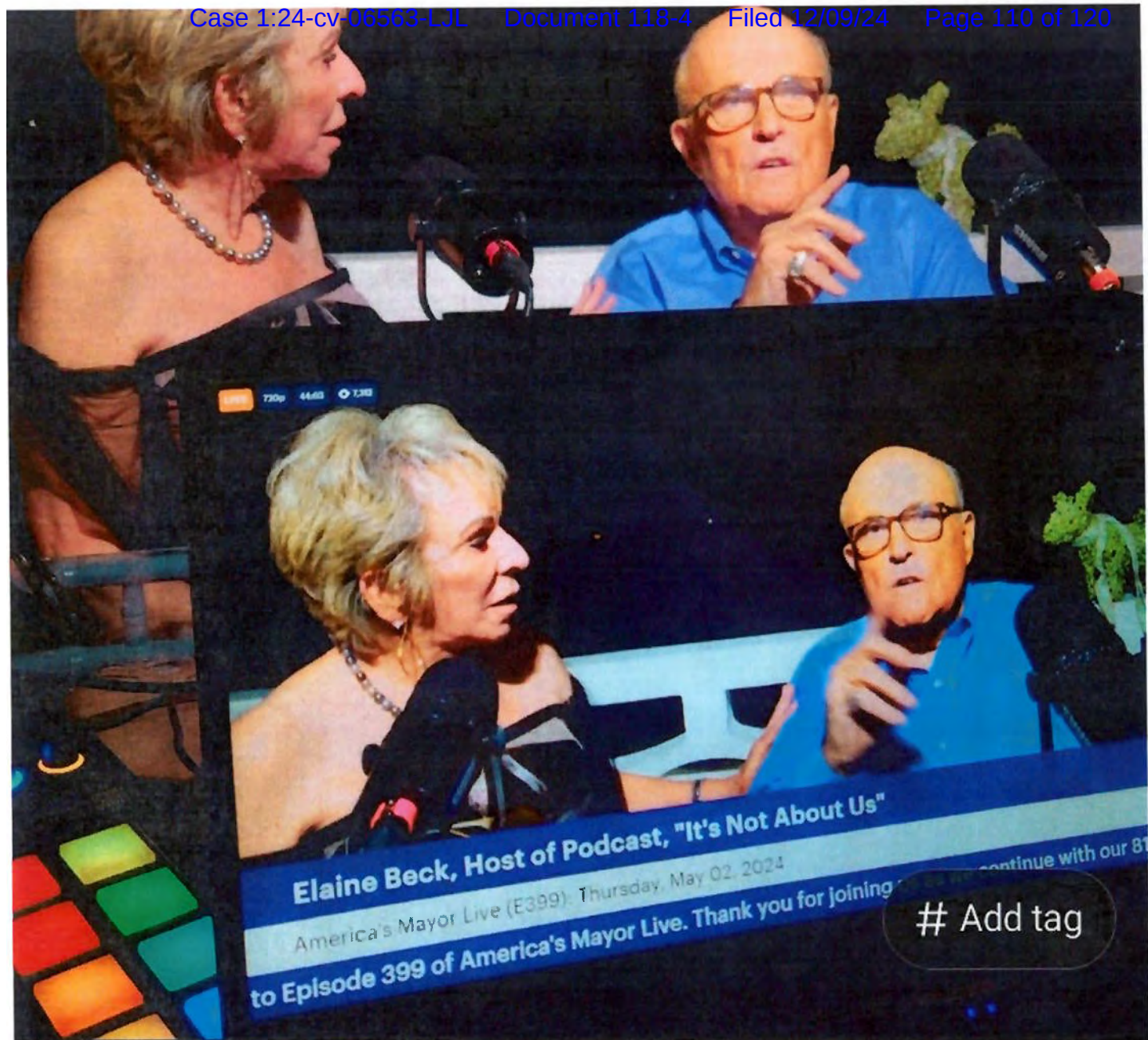
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

5.91 MB | 2252x4000 | 9MP

ISO 250 | 23mm | -2.0ev | F1.8 | 1/120 s





May 2, 2024 8:44 PM

Edit

20240502\_204412.jpg

/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

6.30 MB | 4000x2252 | 9MP

ISO 160 | 23mm | -1.9ev | F1.8 | 1/180 s





# Add tag

**May 6, 2024 8:05 PM**

**Edit**

20240506\_200514.jpg

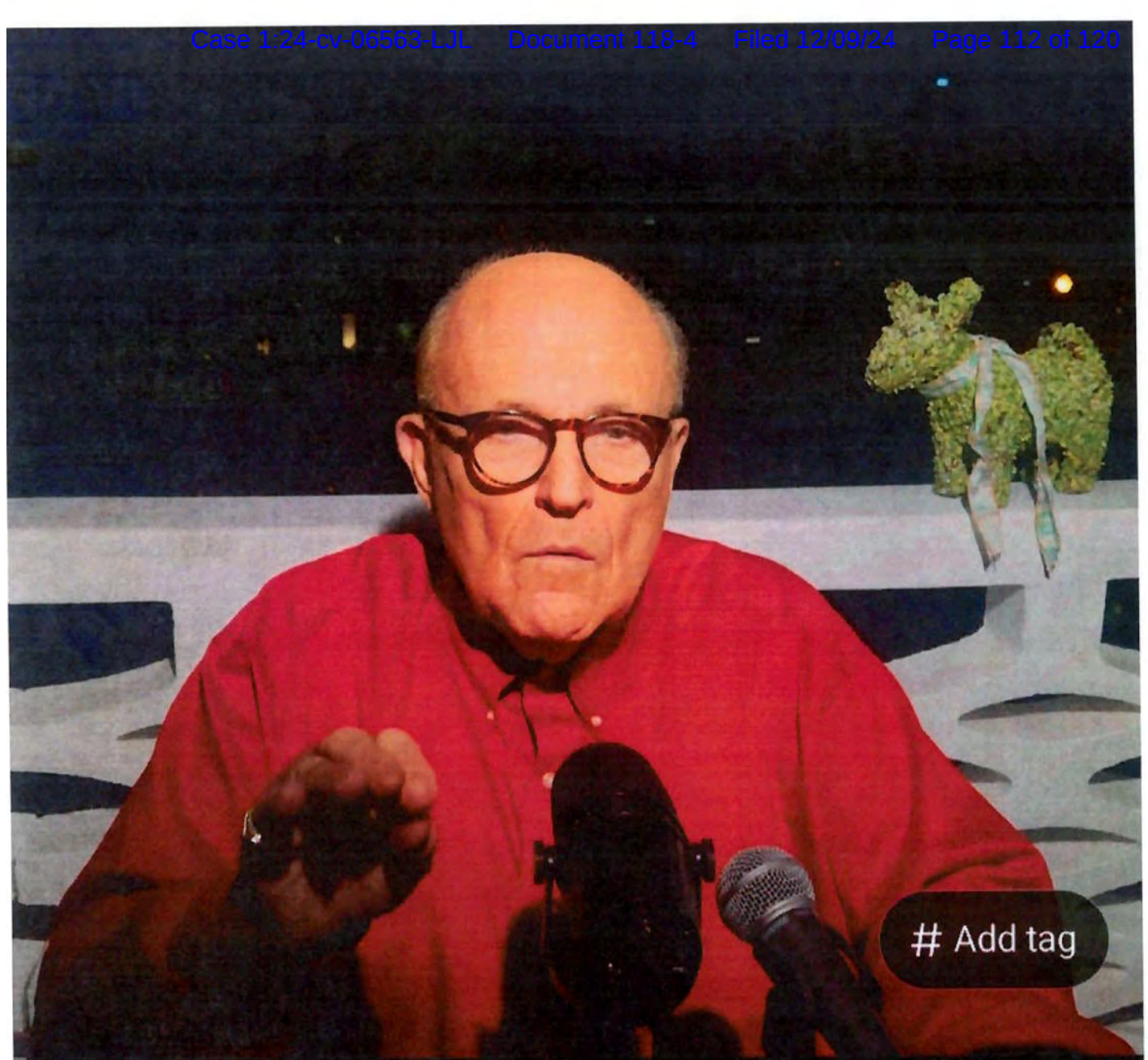
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**Samsung SM-F936U** Motion photo

5.25 MB | 4000x2252 | 9MP

ISO 64 | 23mm | 0.0ev | F1.8 | 1/60 s





# Add tag

May 8, 2024 8:24 PM

Edit

20240508\_202427.jpg

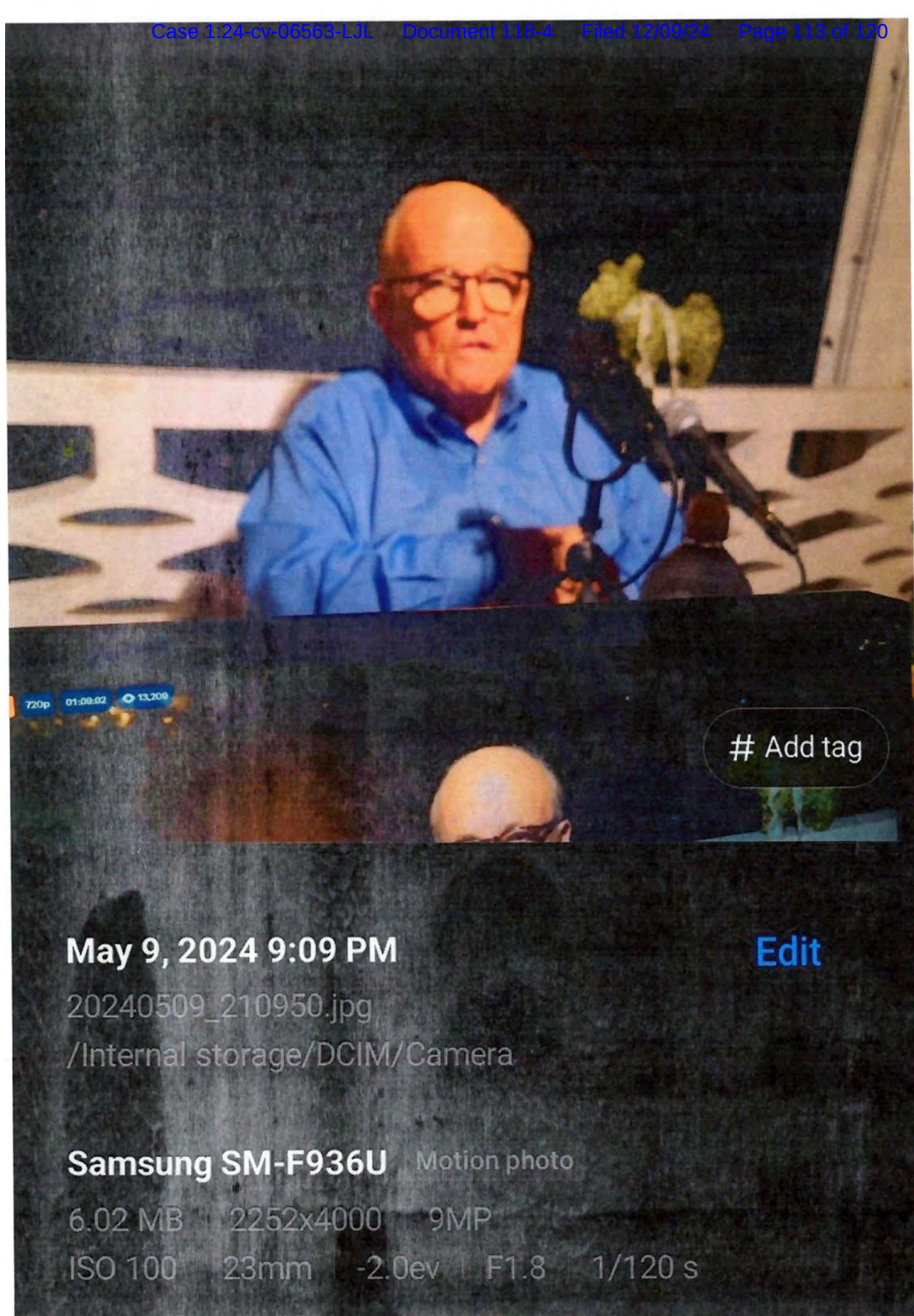
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Samsung SM-F936U Motion photo

5.88 MB | 4000x2252 | 9MP

ISO 200 | 23mm | -2.0ev | F1.8 | 1/180 s





720p 01:09:02 13,209

# Add tag

May 9, 2024 9:09 PM

Edit

20240509\_210950.jpg

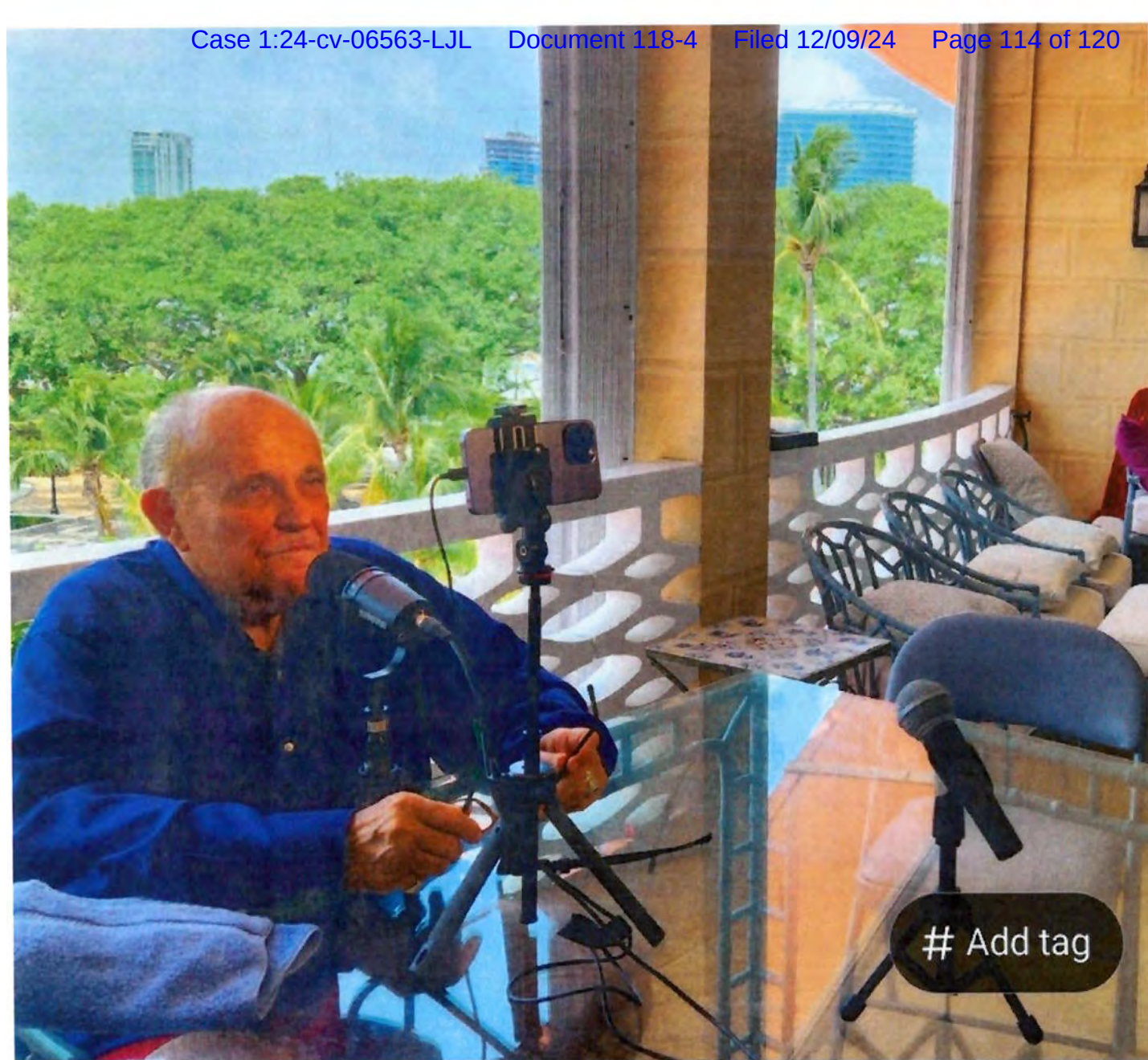
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

6.02 MB 2252x4000 9MP

ISO 100 23mm -2.0ev F1.8 1/120 s





**May 14, 2024 12:53 PM**

[Edit](#)

20240514\_125333.jpg

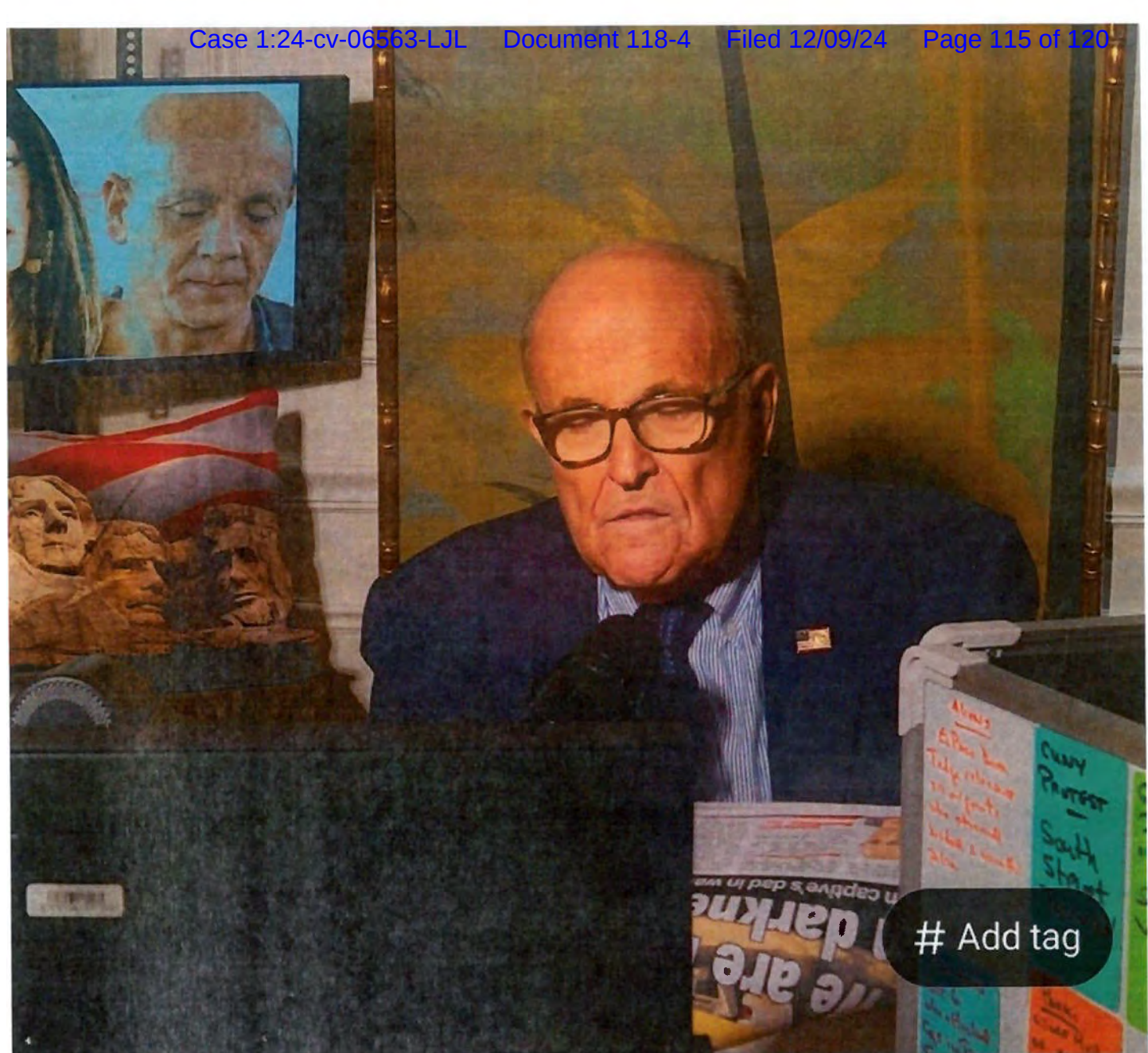
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

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ISO 20 23mm 0.0ev F1.8 1/219 s





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May 15, 2024 8:38 PM

Edit

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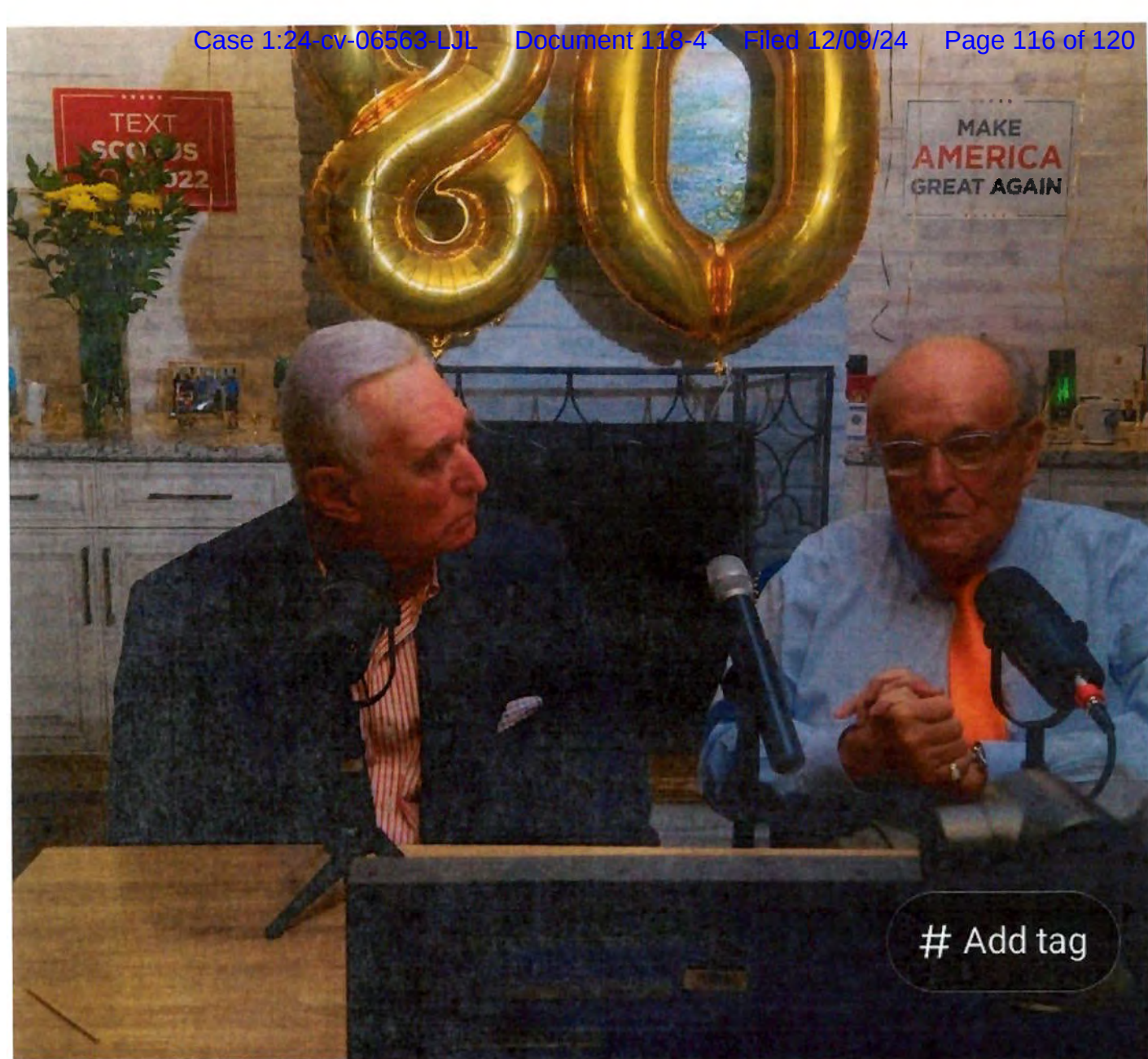
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

5.81 MB 4000x2252 9MP

ISO 20 23mm -2.0ev F1.8 1/123 s





# Add tag

May 17, 2024 8:31 PM

Edit

20240517\_203103.jpg

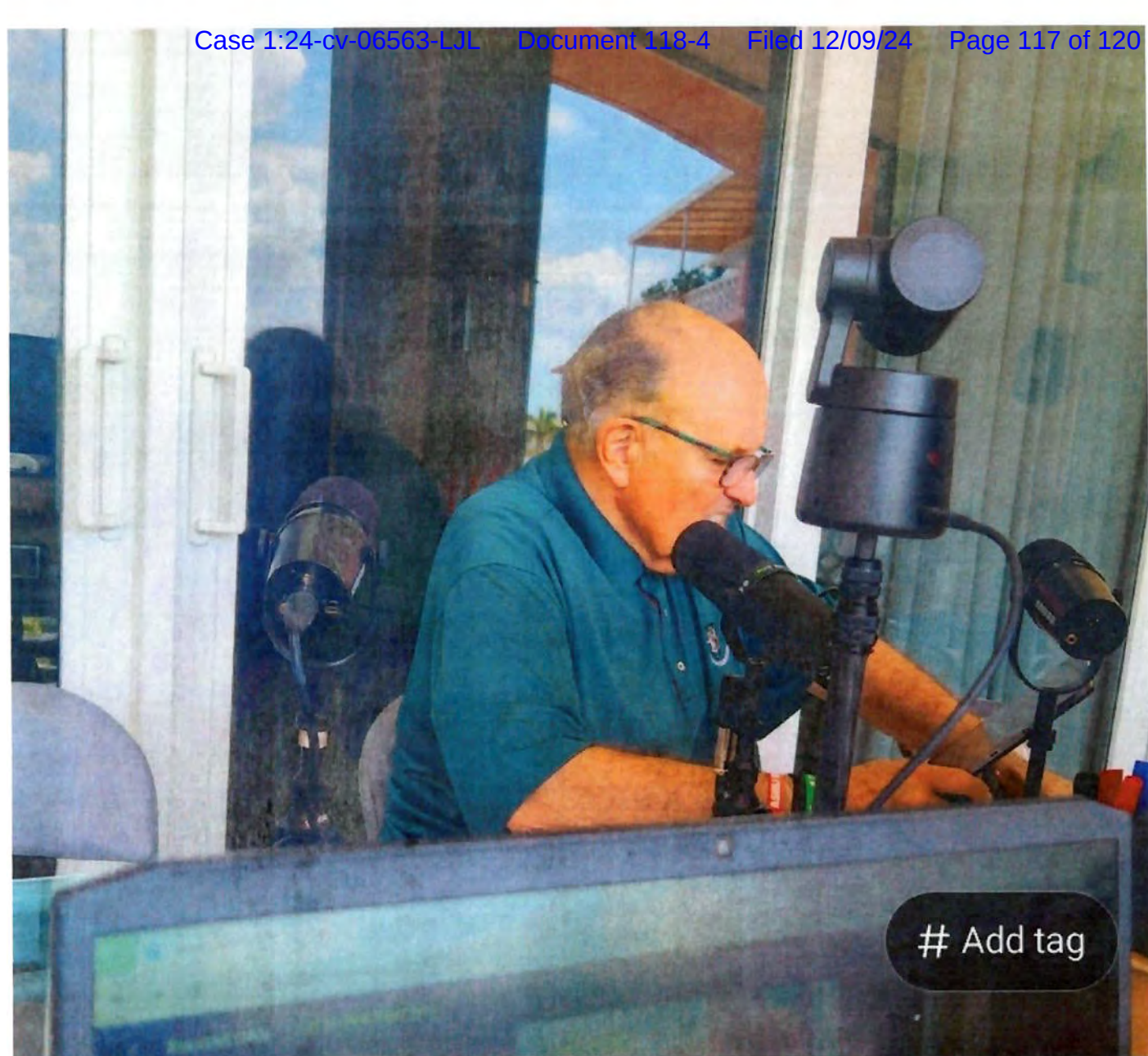
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

6.48 MB | 4000x2252 | 9MP

ISO 64 | 23mm | -2.0ev | F1.8 | 1/120 s





# Add tag

**May 19, 2024 11:10 AM**

[Edit](#)

20240519\_111017.jpg

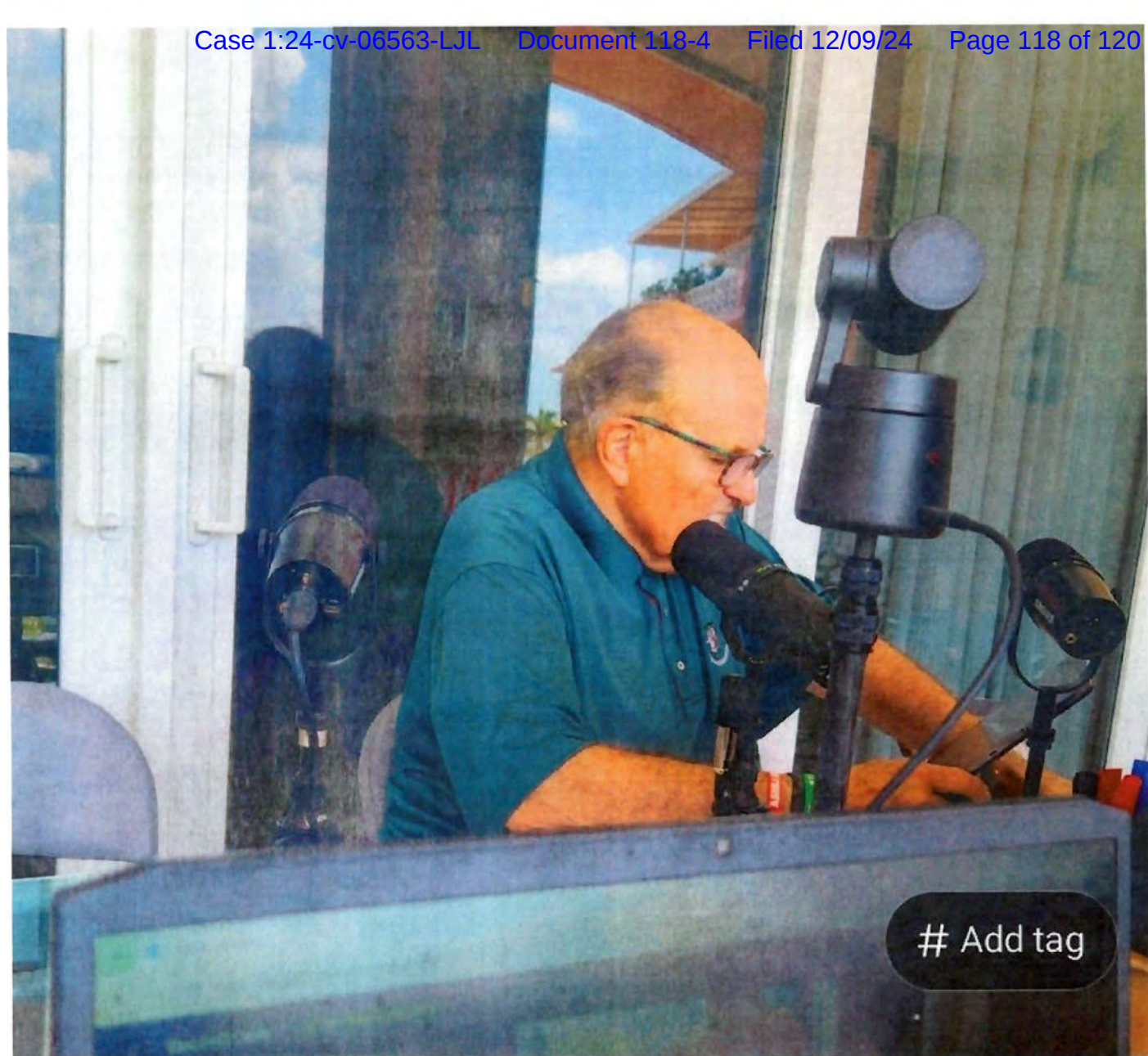
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.14 MB | 2252x4000 | 9MP

ISO 50 | 23mm | 0.0ev | F1.8 | 1/180 s





# Add tag

May 19, 2024 11:10 AM

Edit

20240519\_111017.jpg

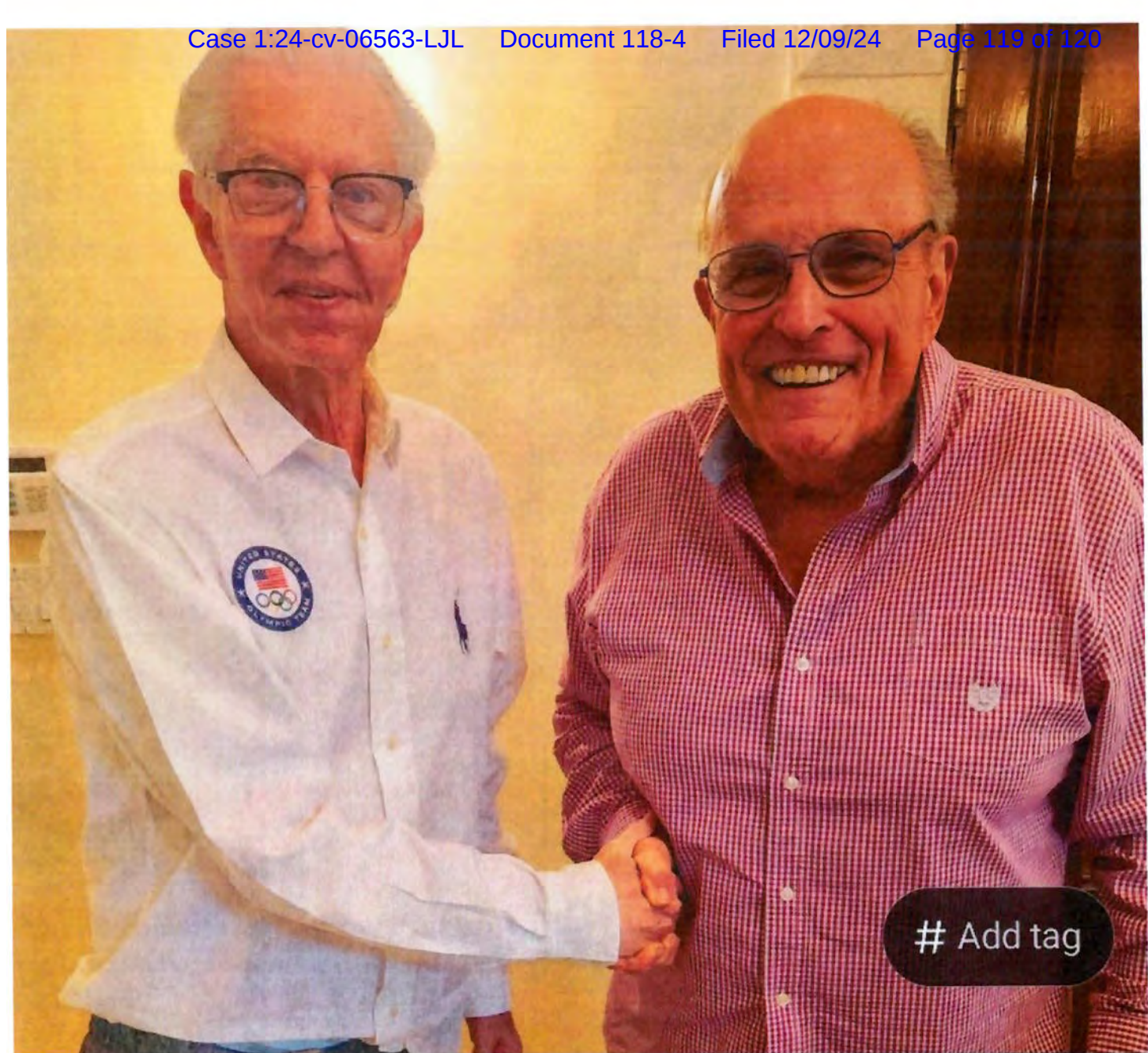
/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

6.14 MB 2252x4000 9MP

ISO 50 23mm 0.0ev F1.8 1/180 s





# Add tag

**May 20, 2024 5:50 PM**

**Edit**

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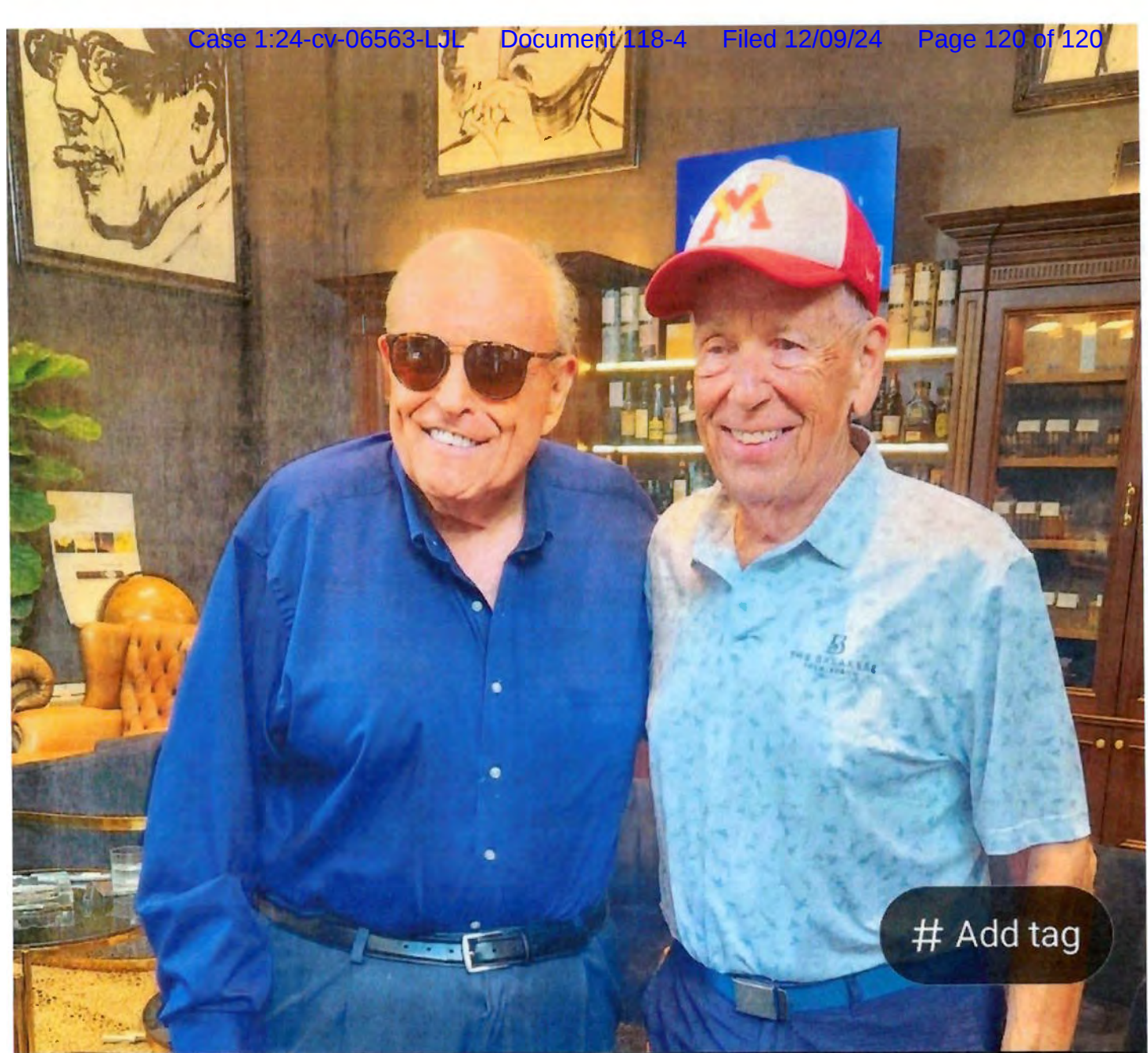
/Internal storage/DCIM/Camera

**Samsung SM-F936U** Motion photo

6.67 MB 2252x4000 9MP

ISO 1000 23mm 0.0ev F1.8 1/120 s





# Add tag

May 23, 2024 5:18 PM

Edit

20240523\_171856.jpg

/Internal storage/DCIM/Camera

Samsung SM-F936U Motion photo

7.28 MB 2252x4000 9MP

ISO 800 23mm 0.0ev F1.8 1/120 s